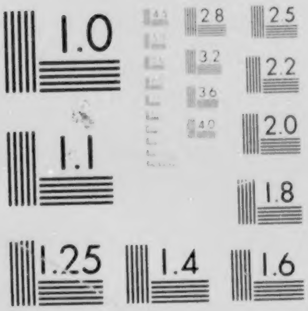
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ABSTRACT

Records the preceedings of the hearing before the House Subcommittee on Select Education, September 8, 1976, on foster care. Included are the statements and prepared statements presented to the committee. An appendix contains additional prepared statements and related materials. (SB)

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ED135479

FOSTER CARE: PROBLEMS AND ISSUES

U.S. DEPARTMENT OF HEALTH,
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HEARING

BEFORE THE

SUBCOMMITTEE ON SELECT EDUCATION

OF THE

COMMITTEE ON EDUCATION AND LABOR

HOUSE OF REPRESENTATIVES

NINETY-FOURTH CONGRESS

SECOND SESSION

HEARING HELD IN WASHINGTON, D.C.
SEPTEMBER 8, 1976

PART 2

Printed for the use of the Committee on Education and Labor
CARL D. PERKINS, *Chairman*

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FOSTER CARE: PROBLEMS AND ISSUES

Part 2

WEDNESDAY, SEPTEMBER 8, 1976

House of Representatives,
Subcommittee on Select Education
of the Committee on Education and Labor,
Washington, D.C.

The subcommittee met, pursuant to notice, at 9:30 a.m., in room 2261, Rayburn House Office Building, Hon. John Brademas (chairman of the subcommittee) presiding.

Members present: Representatives Brademas, Biaggi, and Miller.

Staff present: Jack G. Duncan, counsel; Thomas L. Birch, legislative assistant; Martin LaVor, senior legislative associate; and Joan Godley, executive assistant.

Mr. **Brademas**. The Subcommittee on Select Education of the Committee on Education and Labor will come to order for continuation of our inquiry into problems and issues affecting children in foster care.

We undertook this investigation last December in a joint hearing with the Senate Subcommittee on Children and Youth.

There are in this country today an estimated 300,000 children or more in foster care. Many of these children are locked into situations meant to be temporary rather than permanent. Instead of returning to their natural parents or going to a stable adoptive home, many children face long periods of repeated placements in foster homes. Originally intended as a temporary help at times of family crisis, foster care can now lead to family breakup as contact between parents and children decreases after a foster care placement, if not ends entirely.

In our hearings, we shall be examining alternatives in foster care placement and to foster care placement, the condition of children in foster care institutions, and the legal rights of children in foster care.

In our hearings last year, representatives of the administration were not able to specify how much Federal money is expended for foster care. Other witnesses acknowledged that many foster children are lost in institutions and in other types of indeterminant placements.

Today we shall hear a preliminary report from the General Accounting Office of its investigation of the Federal role in foster care programs. The GAO study on the subject of residential care facilities was begun at the request of my distinguished colleague on the Select Education Subcommittee, Congressman George Miller of California, and myself, and I might at this point express particular appreciation to the gentleman from California, Mr. Miller, for his initiative in seeing to it that this GAO study on foster care was requested and that we conduct these hearings. I might say that no member of this subcommittee has been more concerned about the problems of children than Congressman Miller of California.

At the same time, I would like to invite to sit in with us at our subcommittee today another Member of the House of Representatives and of this committee who has, as well, a long and distinguished record of concern for children and their families, and I speak of our colleague from New York, Congressman Mario Biaggi, the original sponsor of the Child Abuse Prevention and Treatment Act.

Mr. Biaggi, we are very pleased to have you with us today. We would be very glad if you would like to come up and join us at your convenience.

Before calling on our first witness, the Chair would like to invite Mr. Miller to make any comments he should like to make today.

Mr. MILLER. Thank you, Mr. Chairman. I would like to thank you for your cooperation in helping me to sponsor the GAO study on which we will hear a preliminary report today, a report which I personally believe outlines the fact that we are financing a system which consumes the very children which it should rescue.

I think we will see that, while originally the Federal Government intended foster care to be a short-term program to provide relief for both the family and the children, the program has become, because of indifference, and unaccountability, a long-term arrangement, with the child spending a much greater period of time in the system than was originally intended.

I think we will find a system that is detrimental to the child. In many instances, we will find a system that will produce a youngster who will be a prime candidate for welfare, for juvenile justice, and later for the criminal justice system of this country; and it will all be because, I think, of inadequate administration of the program and a lack of concern for these children once they are removed from the family. And, we will find, as Senator Mondale pointed out some 9 months ago, that we just fail to do anything about the problem prior to its arising.

We don't commit any decent sums of money to prevention, to holding that family together, but we put an awful lot of money in at the end to keep that family apart. I think it is one of the tragic stories of the Federal Government's role in this program.

And I certainly want to thank you for lending all of your efforts to bringing what I believe will be the first of a number of studies on this program. I also want to welcome Congressman Biaggi, who has been very helpful in continuing to focus the attention of Congress on the problems of foster care, of adoption, and of child abuse.

Thank you.

Mr. BRADEMAS. Indeed, our first witness will be Mr. Biaggi. Mr. Biaggi, would you like to take the witness chair? We are very pleased to have you with us this morning.

STATEMENT OF HON. MARIO BIAGGI, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW YORK

Mr. BIAGGI. I would like to thank the chairman for the opportunity of addressing the committee today and congratulate him for continuing to focus attention on the very acute problem that confronts us. I would be remiss if I didn't commend my colleague, Mr. Miller, the gentleman from California, for the excellent work he has been doing in this area since the very first day of his first term in the Congress. And I am delighted that we are all together joined in seeking resolution to a very critical problem.

Mr. Chairman, it is my privilege to testify at these hearings examining the problems of foster care. This is a subject in which I have both a deep personal interest and a strong commitment. It is my fervent hope that these hearings will aid the passage of H.R. 11185, legislation I have introduced to make some urgently needed reforms in our national foster care system.

I am cognizant that there is an impressive list of experts who will be testifying after me this morning. I will, therefore, present an overview of what I consider to be the major problems facing children in foster care and how these problems are addressed in my legislation.

Just over 1 year ago, I conducted a series of congressional hearings in New York to examine the foster care industry in that city. Much of what I learned was shocking and provided the basis for the introduction of my bill. While some of New York City's problems are distinct, many are commonly shared by other units of government with respect to providing foster care services.

Perhaps one of the most serious problems in foster care is the lack of accountability for the funds which are provided for services. It has been estimated that the Federal Government spends in excess of $450 million annually to care for the 350,000 foster children in this Nation. I emphasize that these are estimates.

I recall Senator Mondale in a hearing last year attempted to ascertain from HEW officials exactly how much we spend on foster care. Incredibly, HEW was not able to respond to this inquiry, and to this date I am not sure that they have. This is indicative of an overall lack of accountability, not only on the Federal level, but also on the local levels, for the millions of dollars we spend each year on foster care.

My hearings were focused directly on this issue of accountability. Based on testimony offered at the hearings and the findings of Mr. William Heffernan and Stewart Ain, who wrote an award-winning seven-part series on foster care for the New York Daily News, which I will submit for the record, a number of accountability problems in New York City's foster care industry were uncovered.

Special emphasis was placed on 77 voluntary child care agencies operating in the city. These 77 agencies in 1974 received more than $200 million in combined payments, including almost $90 million in Federal funds. Of these 77 agencies, 47 were never audited by the city to determine if the funds were being spent properly. In addition, the News series revealed that these same agencies had reported assets of between $300 and $500 million, which they amassed through such means as investment overpayment, and skimping on direct service costs.

An obvious consequence of this lack in accountability is the fact that in 1974 less than 4 percent of the 30,000 children in New York City's foster care system were referred for adoption, despite the fact that foster care is considered to be only a temporary form of care. Further, 26 percent of all foster children in New York had retained this status for their entire lives.

There was recognized to be a definite profit incentive for keeping the child, as some of these agencies received as much as $36.70 per day per child in their facility. Once the child left the facility, for whatever reason, the payments to the agency were stopped.

There are basic reasons for the lack of accountability in foster care. Perhaps the most fundamental reason is the failure of local, State, and Federal authorities to keep accurate records on children referred for foster care. In addition, the lack of any central auditing system for agencies receiving Federal funds has also contributed to the accountability problem.

My legislation addresses this problem in the following manner by mandating that:

One: Any public or voluntary agency which receives Federal funds to provide foster care services include an adoption service or be associated with an approved adoption referral agency; Two: every agency must conduct an annual review of each child under its care to determine whether the child can be placed on a more permanent environment either through a reuniting with their natural family or by adoption; Three: HEW periodically review the agencies, including audits of the Federal funds received; and Four: All foster care institutions and homes be licensed.

Implementation and proper enforcement of these measures could certainly aid in more effective accountability, not only with respect to funds spent on foster care, but also in regard to the fate of each child placed in foster care.

From a fiscal standpoint, these provisions could result in sizable savings each year, for it is contended by a number of authorities in the field that many of the children in foster care can be returned to their natural family or can be adopted. It is generally conceded that the costs of providing foster care services far exceed the amounts which would be spent providing adoption services or even preventive services to help keep children with their families.

The overall purpose of my legislation is to find the means by which we can reduce this Nation's reliance on foster care. This tendency is evident in that the Federal Government spends almost 3½ times more on foster care than on adoption services.

There is also a wide disparity between funds which are provided for preventive services to natural parents and monthly sums provided foster parents, especially under the AFDC program.

The average monthly difference for AFDC payments on a national basis is $165.29, with foster care parents receiving the higher payment. In New York State, the average monthly payment under AFDC for biological parents is $100.95, while the foster care payment is $512.84. These disparities clearly illustrate a disincentive for keeping the family unit intact.

There is much more than can be discussed with respect to foster care. There is a need for a concerted Federal effort to improve adoption opportunities for eligible children. And I would like to dispel a myth that has been in existence. The contention is, according to the myth, that minorities don't adopt minority children. The fact is that it is not true. They, in fact, do adopt them. All that is required is a more aggressive effort on the part of the various agencies. It has been clearly demonstrated. The continuance of that myth virtually imprisons the minority children who might be eligible for adoption to foster care treatment for the rest of their lives.

My bill also addresses this point and provides for the establishment of a national registry of adoptable children, which would contain statistics on the numbers, locations, and special characteristics of each adoptable child.

H.R. 11185 also provides for a national data bank of adoption information and resources to identify and disseminate all current information on financial assistance available to prospective adoptive parents as well as pre- and post-adoptive services.

This is essential because most people might be desirous, but just don't know how to go about it and don't know how they could afford it. And there are many such programs, many such resources available. And they don't have the ability or the initiative to get underway and determine that they can, in fact, adopt children without imposing extreme economic hardships on their existing family condition.

A major theme which has been discussed by both Presidential candidates is the need to maintain the American family structure. This theme should be advanced by redirecting our priorities with respect to providing services to children. We should provide sufficient funding to counsel troubled families before they are forced to give up a child because of abuse, neglect, or abandonment. I might suggest that no matter how much we counsel, if we have the disparity of funds that we find in New York City, in New York State, where the monthly payments under AFDC for biological parents is $100 compared to $512 for foster care, you are never going to get those children and families together. You will encourage them, give them incentive to put their children out to foster care.

We should provide counseling assistance to all those in this Nation who wish to adopt children. And, even within foster care, we should be encouraging the referral of more children to foster homes, rather than keeping them imprisoned in child care institutions.

I am not implying that foster care is wrong. It is vital for many children. However, I do stress the fact that every child in this Nation is entitled to the opportunity to live in an environment of permanence when feasible.

This hearing will be highly beneficial for focusing on the problems of foster care, problems which beg a solution. We must remember that children are one of our greatest natural resources. A nation which provides for its children is a nation which is making an investment in its future.

I consider H.R. 11185, which I note is cosponsored by Chairman John Brademas, to be an important piece of legislation which deserves the very serious consideration of this committee as well as the full House and Senate. I am hopeful that favorable action on this legislation can be made a priority of the 95th Congress.

I thank the chairman and the committee once again for providing me with this opportunity to express my sentiments.

Mr. BRADEMAS. Thank you very much, Mr. Biaggi, for a most thoughtful statement. Let me just ask you one question. I noted that in your bill, H.R. 11185, you referred to a requirement that there be licensing of foster care institutions. What is the situation in the city of New York and in the State of New York? Is licensing of foster care institutions required as a matter of law either by the city or by the State?

Mr. Biaggi. No; it is not. I would like to make a comparison just to indicate how little thought is given in this direction or how our priorities must be altered. Any bona fide individual in the city or State of New York can apply if he desires for a license to own and carry a pistol or revolver. He must apply and subject himself to very careful scrutiny and examination, in-depth examination. That is not required of any individual who desires to be a foster care parent, and we have had experiences where many of them would hardly pass any type of examination.

When you send some of those children to the foster care homes, you are exposing the children to an extraordinary danger. People have demonstrated their mental incapacity to deal with each other as adults, never mind dealing with children who might oft-times try one's patience.

I think at least a minimum standard should be established before a foster care parent is given custody of children. I know we have an awful lot of them, so to examine all of them is an impractical situation, but certainly there should be a program of spot checking.

The fact is that foster care parents, to a large extent, take the children to make money, pure and simple. They may have with it a desire—a love for children, but that doesn't necessarily always follow.

But I am sure we have had illustration after illustration where foster care parents have abused children in the congressional hearings we have had. They have abused them and subjected them to the kind of treatment that we tried to avoid in the first place.

With respect to foster care institutions in the city of New York, all institutions, public or voluntary, are under contract with the city. This contract includes basic minimum standards of care which must be provided to obtain Federal, State, and city funds. My legislation is more specific with respect to licensing and consider it preferable to the present system in New York.

Mr. Brademas. Thank you very much. Mr. Miller?

Mr. Miller. I have no questions. I just want to compliment Congressman Biaggi for his statement. It serves as an overview of the exact problems that we hope to be able to get at through this hearing and others. It is very clear that there is a disincentive toward keeping the family together and providing some kind of meaningful care.

Mr. Brademas. Thank you again, Mr. Biaggi.

As the Chair observed, if you are able, we would be very pleased to have you join us.

[New York Daily News series follow:]

New York City Child Care System Condemned in Major Newspaper Exposé

Mr. Biaggi. Mr. Speaker, recently the New York Daily News completed a major seven part investigative series looking into the multimillion dollar child care system in the city of New York. A team of investigators headed up by William Heffernan and Stewart Ain sought to find out how this business has flourished without achieving its prescribed goal of providing permanent homes for the 26,000 children in New York City who are considered homeless through either abandonment or being orphans.

In this opening report, the News seeks to provide an overview of the present system and its many problems. It paints a scathing picture of a big business flourishing at the expense of the children they are supposed to be helping.

The report cites cases of homes with hundreds of children none of whom was referred to permanent homes, including one home which in its entire 84 years history never placed a child in an adoptive home. This article also tells of cases of abuse and neglect of children.

This article also points a finger at the New York City government which provides no effective checks on these homes to insure they are achieving their prescribed purposes, even though they pay an estimated $200 million a year to these private agencies.

Mr. Speaker, at this point in the Record I would like to insert part I of this excellent series entitled, "City Child Care Big Money and Little Victims." The remaining six parts along with my recommendation for Federal action will follow in succeeding days.

[The article follows:]

Big Money, Little Victims—Kids in City Care Denied Homes

(By William Heffernan and Stewart Ain)

(First of a series)

(Three months ago, a team of News reporters working under Assistant City Editor William Federici set out to investigate the city's multimillion-dollar child-care system. The findings are presented in this series. In some instances, to protect the privacy of children and employes in the system, names are withheld.)

There are 26,000 homeless children in New York City who have become the victims of a child-care business with assets of $300 million.

These children are wards of the city and state. They are the unwanted and the orphaned—children for whom permanent homes are supposedly being sought.

Yet, an investigation by The News had found that the vast majority of these children are being placed in private child-care agencies that regularly deny them that opportunity to gain a permanent home.

Most, in fact, remain locked in foster care for years—many for the balance of their adolescent lives, while the private agencies to which they are assigned collect millions of tax dollars each year for their maintenance.

Under their contracts with the city, the agencies are expected to care for the children while they attempt to rehabilitate their parents. If rehabilitation fails, or if the parents have died or simply disappeared, the agencies are expected to find adoptive homes for the children.

But The News has found that a large number of these private agencies deliberately keep children off the adoption market, and a vast majority of them make little or no effort to rehabilitate natural parents to whom some children might be returned.

These practices allow the agencies to keep children in long-term care and to maintain a high level of child-care payments from the city.

The interest in finding adoptive homes is so low that 47 of the city's 77 private agencies offer no adoption services at all.

Human Resources Administrator James R. Dumpson, who has ultimate responsibility for city children in care, openly admits that the child-care system "as presently constituted fails to function in the best interests of many children."

The problems uncovered included evidence that:

Children in foster care are often abused, beaten, neglected and sexually molested.

Neither the city nor private agencies check the backgrounds of foster parents for possible criminal or child-abuse records before placing children in foster homes.

Many child-care agencies, despite claims of poverty, actually have vast resources and investments.

These same agencies often skimp on food and clothing for children in their institutions and in support payments to foster parents.

Some agencies falsify records to obtain city payments for children no longer in care.

The city, despite the fact that it pays $200 million a year to private agencies, makes little effort to determine how children are being cared for or how the money paid is being spent.

Several child-care experts charged that many children were being denied adoptive homes so that the agencies involved could collect the highest amount possible from the city and thereby assure their own existence.

City statistics tend to support that view by showing that in 1974 only 8% of the children ever found their way into adoptive homes. Some examples:

Greer, A Children's Community. This agency at Millbrook showed no adoptions in 1974 with 326 children in care.

The Speedwell Services for Children, Inc. A Manhattan-based outfit, it had 4 adoptions in 1974 out of 577 children.

Cardinal McCloskey School and Home. This White Plains agency reported 6 adoptions in 1974 out of 495 children.

St. Vincent's Hall. A Brooklyn institution, it listed one adoption in 1974 out of 725 children in care.

CHARITABLE ORGANIZATIONS

City statistics also showed that those same four agencies received more than $6 million in 1974, as part of the city's effort to find permanent homes for the children.

Spokesmen for the city's 77 private child-care agencies, all of which are chartered as charitable organizations, insist that no child is being denied an adoptive home so agencies can maintain a higher level of city child-care payments.

They concede, however, that any sharp decrease in the number of children and the subsequent loss in revenue could force many in their care, and the corresponding agencies to go out of business or dip heavily into their own resources.

Under the city's present payment method, private agencies are reimbursed for their child-care expenses on a per-day-per-child basis. Once a child leaves the agency that per diem reimbursement ends.

CAN'T CONTROL STAY

When asked about the long periods many children spend in foster care, Joseph Gavrin, executive director of the New York State Council of Voluntary Child Care Agencies—which represents 72 of the city's private agencies—said the length of time spent in care was beyond the control of the agencies.

Gavrin said that the legalization of abortion, widespread use of the pill and legislation allowing social-service payments to unwed mothers had drastically reduced the number of babies entering care in the last five years.

He said that the average age of individuals in child care now stood at 7 and that private agencies "have experienced great difficulty finding adoptive parents for these older children."

Gavrin said the private agencies were attempting to rehabilitate the parents of many of the children so those children could be returned home. "And the agencies are making every effort to find adoptive homes for children whose families cannot be rehabilitated," he said.

STATEMENTS CONTRADICTED

Gavrin's statements were contradicted by caseworkers employed in numerous private agencies and by officials of the city's Division of Children Services.

The caseworkers said agencies repeatedly discourage couples seeking to adopt a child, often by simply claiming the child cannot be adopted because it is "too fond of its foster parents."

These child-care workers also charged that agencies made little effort to rehabilitate natural parents, but that they often used supposed rehabilitation as an excuse not to make a child available for adoption.

"Some of the parents they claim they're rehabilitating haven't been heard from in years," one caseworker said.

CONCEDES JOB IS POOR

Carol Parry, who heads the city's Division of Children Services, which has overall responsibility, said efforts to rehabilitate natural parents were "almost nonexistent in some agencies" and that the vast majority of agencies were "doing a very poor job in this area."

Ms. Parry said that the city had been attempting to force agencies to increase those rehabilitative efforts. "But most agencies insist they cannot afford to provide those services under the city's current rate of reimbursement," she added.

City payments to child-care agencies presently cover from 90 to 95% of all agency costs.

Ms. Parry said that state statistics "speak for themselves about agency adoption efforts."

Those statistics show that the 26,000 city children who were under the control of private agencies here last year constituted 60% of all children in care throughout the state.

PUBLIC AGENCIES DO BETTER

These same statistics also show that the city's private agencies accounted for only 31% of the state's adoptions during that period.

Public agencies, which controlled only 40% of those children, accounted for 69% of all adoptions.

Ms. Parry's boss, Human Resources Administrator Dumpson, said the city was now attempting to force all private agencies to sign new contracts. He said a basic tenet of those contracts would be a child's right to a permanent home and the agencies' responsibility to work in that direction.

Referring to that basic concept of permanency, Dumpson said the city "has met a great deal of resistance from the agencies on this question. We want them to be accountable for the permanency of these children," he added. "But they want accountability on their own terms."

CITY'S AIM

Dumpson said the city's view of permanency was the speedy return of a child to its natural home, whenever possible.

Should that prove impossible, "adoption should be the next step taken by the agency. Long-term foster care is not a desirable way of life in our view," he added. "Our objective is to find permanent homes for these children, not to allow them to grow up in foster care."

Asked if that objective was being met at present, Dumpson said, "It is not."

A different view was given by Msgr. Robert Arpie, director of child care for Catholic Charities of the Archdiocese of New York, which oversees 22 private agencies and 9,500 children in their care.

Arpie said children in care were faced with the simple problem that they cannot live with their natural parents.

"Foster care is a treatment of that problem", Msgr. Arpie said. "Adoption is just another treatment of that same problem. By using foster care, we have a way of providing permanent care while trying to rehabilitate a child's family.

"Only when that proves totally impossible should we then use adoption as a solution," Msgr. Arpie said. "And, in deciding that, we must do so with the full realization that some kids are better off in permanent foster care. They have a right to permanent foster care."

CITY'S VIEW CONTRADICTED

That view, child-care experts say, parallels the position folowed by most private agencies. It also totally contradicts the city contract.

Many child-care experts claim, however, that maintaining children in foster care has more to do with agency economics than the belief that foster care is best for the child.

That accusation is supported by a recent study commissioned by the Edwin Gould Foundation for Children, which is the parent organization of a private agency, the Edwin Gould Services for Children.

The report states flatly that "many children remain in foster care since agencies are unable to afford the adoption effort."

FEE NOT HIGH ENOUGH

Intended to encourage the city to increase its flat payment to agencies when a child is adopted, the report added that the city's failure to increase that amount produced "discouragement and even constraint" on the part of agencies when it came to adoption.

"The main reason for the lack of increased adoptions," the study states, "is that the reimbursement fee is still not high enough. This fee level motivates many agencies to retain children in foster care rather than place them in adoptive homes."

That "motivation" is also shown by the fact that the majority of the city's 77 private agencies offer no adoption services at all. They are expected, however, to find adoptive homes through other agencies that have adoption services or through the state Adoption Exchange, but few make that effort.

One example of a lack of adoptive effort was discovered at the Ottilie Home for Children in Jamaica, Queens.

That agency has never placed a child in an adoptive home in its 84-year history. It has never, in fact, made a child legally free for adoption, even though a number of the children in its care have been orphans.

PROCEDURE A MYSTERY

Caseworkers point out that Ottilie is not unique among the city's private agencies. They say many agencies have placed so few children for adoption that their employees do not even know the procedure to be followed.

These agencies, the caseworkers add, also consistently fail to make children legally free for adoption—a court procedure that must be undertaken before a child can be adopted.

It is estimated by several experts that more than half the children now in care could be legally freed for adoption.

Yet state statistics show that only 2,026 children are presently legally free and the agencies admit they have no knowledge of how many in their care could be freed.

MUST BE FREED LEGALLY

Unless a child is legally freed, it cannot even be listed on the New York State Adoption Exchange, a listing from which all agencies, public and private, can draw children for adoption.

But some agencies even appear to thwart adoption of children who are legally freed and listed on the exchange.

State records show that of the 2,026 children listed on the exchange last year, 55%, or 1,113 children, were labeled as being either "permanently not placeable" or "temporarily not placeable" by the agencies that listed them.

Only 913 of the children placed on the exchange were listed as ready for placement in adoptive homes.

In many cases, the agencies explained that the children listed as "permanently not placeable" had been labeled as such because they were "too close to their foster parents" and therefore should not be adopted.

WOULD NOT BE CONSIDERED

When questioned about this "permanently not placeable" category, one official in the city's Division of Children Services explained that any child so labeled "would simply never be considered for adoption."

The official, who asked not to be identified, said other adoptive services would ignore a child so labeled.

"An agency that lists a child that way can be sure the child will never be taken out of its care," the official said. "They have that child, along with the money for its care, for the balance of its adolescent life."

The official added that some private agencies were working in the best interests of children in their care, but that the majority "are simply hanging on to these kids as long as they can."

CHILD CARE SCANDAL IN NEW YORK CITY—PART II

Mr. BIAGGI. Mr. Speaker, yesterday I inserted into the RECORD, the first part of a seven part investigative series into New York City's private child care agencies conducted by the New York Daily News. Part II discusses several case studies of children who have been forced to live in the child care system homes and foster homes. This article relates some shocking tales of abuse and neglect of these children by foster parents who were more interested in getting their money than caring for their children.

Mr. Speaker at this point in the RECORD I wish to insert part II of this series entitled, "Unwanted Cathy: Seven Homes in 7 years":

UNWANTED CATHY: 7 HOMES IN 7 YEARS

(By William Heffernan and Stewart Ain)

(Second of a series)

(Three months ago, a team of News reporters working under Assistant City Editor William Federici set out to investigate this city's multimillion-dollar child care system. The findings are presented in this series. In some instances, to protect the privacy of children and employees in that system, names are withheld.)

Cathy is a 9-year-old multiracial child—unwanted, born out of wedlock and then discarded into the city's private child care system.

Every night now, Cathy goes to bed and beats her pretty head against her pillow until she collapses from exhaustion. It is the only way her small, wracked body can force itself to sleep.

Cathy is not an uncommon product of this city's child care system. At the age of 7 she had already lived in seven foster homes, bouncing from one to another, more like a rubber ball than a human being.

Her caseworker claims that each change in homes became a rejection, a betrayal by someone she had hoped would give her love.

"And out of each betrayal came a sense of guilt," her caseworker says. "It became easy for Cathy to believe that there was something terribly bad about her—something ugly, something evil, something no one could ever love."

To this day Cathy can still remember being locked in closets for long periods. Reticently she recalls beatings administered by foster parents. And she remembers being told she wasn't wanted any more and then being moved to another foster home—where the problems began all over again.

Recently Cathy was riding in the rear of a car with another child her own age. The other child asked where she had lived before. At first, Cathy stared silently, her large brown eyes blank, then she suddently began rattling off all the last names she had in her foster homes. She recited the names awkwardly.

"But those people didn't like me," Cathy told the other child. "This time I won't have to change my name again. My mother (her adoptive mother) says I belong to her, just like my brothers and sisters. She says nobody can make me live elsewhere any more."

Cathy, in fact, is one of the luckier children. After seven years in foster care she fell into the hands of a caseworker who fought to place her in an adoptive home.

Her adoptive parents together with that caseworker battled to overcome obstacles set up by the child care agency, to change that agency's "plan" for Cathy—a "plan" of long term foster care.

Now Cathy has a home and parents who love her. But she also has the scars from seven lonely years in the city's child care system—scars her parents believe she will carry all her life.

Today, throughout the city and state, there are thousands of children whose lives are being scarred each day.

During a three-month investigation, The News found that children are being kept in long-term foster care and denied the chance of finding permanent homes, while the private agencies assigned to care for them collect millions of tax dollars each year for their continued maintenance.

Throughout its probe of the child care system, The News spoke with many of those children—some who are still in the system and some who have left it.

REPORT ABUSE AND NEGLECT

These children told of abuse and neglect in some foster homes. Others spoke of being happy with certain foster parents, only to find themselves suddenly taken from those homes and placed in others where abuse and neglect were everyday occurrences.

Many of the children spoke with bitterness. Many others spoke with confusion, asking why they could not be adopted.

Some children spoke through tears—tears that one caseworker said "would fill a river if they were all gathered together in one place."

Many of these same children were already badly damaged when they entered care. Many had been severely abused by their real parents.

Mrs. Flora Cunha is the president of the Organization of Foster Families for Equality and Reform. She described some of the abuses that foster children suffered at the hands of their own parents.

FORCED TO WATCH X FILMS

Mrs. Cunha spoke of a 6-year who told her of being forced to watch movies that he described as "naked people doing things," and how he closed his eyes so he wouldn't have to see.

One boy, Mrs. Cunha said, could recall being forced to urinate in a cup and then watching while his younger brother was forced to drink it.

Some children, she added, recalled watching their mother in sexual intercourse, "sometimes with the father, or stepfather, or the man presently living in the house, or the man passing through that evening."

Many can describe orgies, she added, and some children have even told of sharing their mother's bed to provide devious thrills—"thrills" they later relived in nightmares.

Yet many children who enter foster care find that their lives in care are little different from the lives they left behind.

Odessa Carrion, who spent five years as an agency supervisor in the child care system, discussed the open brutality she found in many foster homes and the unwillingness of some agencies to do anything to correct it.

IN IT FOR THE MONEY

"Some of these foster parents are in it purely for the money they can get," she said. "And it is not uncommon for them to skimp on food and clothing for the children in their care."

"There are also sadistic foster parents who regularly beat these children," she added. "Children have even been murdered in foster homes and it is not uncommon for foster fathers and adolescent boys in the family to rape young girls placed in their homes."

Ms. Carrion told of one of the foster homes she eventually closed after a caseworker investigated the family's food buying habits.

"I had a caseworker go to the family's butcher and ask about the meat they bought," she said. "It didn't take the caseworker long to find out that the foster mother regularly asked the butcher for scrap meat for her dogs and then used that meat to prepare stews for the children."

"When the family ate steak," she added, "the children would be lucky to get hot dogs. And this experience was not isolated, it was a common occurrence."

Ms. Carrion told of one of the first foster homes she visited as a caseworker for one agency. The mother brought Paul, the foster child, out to meet her.

WANTS HER TO STAY

"After a period of time," she said, "Paul had crawled behind the sofa and began pulling my arm to indicate he wanted me to stay. Paul was about 6½ years old and when I revisited the home a week later, the same thing happened."

Ms. Carrion said she went to the director of her agency and told her she felt there was something wrong in Paul's foster home.

"The director told me the woman was a good foster mother who had worked for the agency for years and that she was not going to move the child or close the foster home."

"Three months later," Ms. Carrion added, "I saw Paul with a bloody face. I took him away from his foster mother and brought him to a doctor who said the child had bruises all over his back and that he appeared to have been badly beaten with a hairbrush."

Ms. Carrion said she asked the director of the agency to have the foster mother arrested.

"The director refused, claiming it would make the agency look bad if one of its foster mothers was arrested for child abuse," Ms. Carrion said. "When I insisted that she either close the home or that I would have the woman arrested myself, she finally agreed to close it."

"I later learned that Paul had been exposed to beatings ever since he was placed in that home," she said. "He had been there for 2½ years."

One young woman, interviewed by The News, supported Ms. Carrion's stories of abuse. She explained what it was like to grow up in foster care.

Ellen is now 20 years old and her memory of her childhood is far from pleasant. By the time she was 9 she had lived in nine foster homes.

Each time she settled into a new home her mother demanded her back and she was uprooted from her new surroundings. But this didn't last long.

"The new foster parents I got to like I had to leave," she recalled. "I learned the only way I could survive without going crazy was to remain aloof and cold with my foster parents.

"How can you attach yourself to someone and then have that attachment broken?" she asked. "It's what happens after you get burned by a candle—you learn to stay away from it."

Asked how she was treated by her foster parents, Ellen said that in almost every home "the foster fathers would put me on their laps and put their hands in my pants."

DAUGHTER INTO SEX

When she was 8 and slept in the same room with her foster parents' daughter, the daughter "was into sex—trying to get me to walk around nude."

And when she was 9 her foster parents' 18-year-old son regularly slipped into her room at night to "make me fondle him."

"I should have been adopted two years after my mother starting putting me into foster care," Ellen said. "My mother never should have been allowed to take me back and then give me up again."

Asked about the food she received in foster homes, Ellen said that in every home but one she often had "little or nothing to eat and my foster parent hardly ever bought me clothes—I was never treated like the rest of the family. (Every foster family gets a clothing allowance for the children.)

"One family I was with always had their big meal in the middle of the day. As I recall, they would usually eat something like roast beef while I would get a peanut butter and jelly sandwich."

Ellen, a tall, painfully thin blonde, who is now a Long Island college student, said she has had the good fortunate of "finding" herself and being able to put her past in its proper perspective.

"I was in my last foster home from the age of 9 until I was 18," she said. Unlike the previous foster parents, these people were decent and good. "But it wasn't until I was 17 that I realized that those foster parents were the only real parents I would ever have and that I'd better stop fighting the love inside of me.

THEY NEVER GAVE UP

"They (the last foster parents) had never given up loving me," she said. "I visit them often even now."

There were times that Ellen would like to find out "where I was, who I was with, when certain things happened to me; but the agency won't let me see my records because they say they are all secret."

Ellen said she considers herself especially fortunate because she was able to make more of her life than her five brothers—four of whom lived in more than a dozen foster homes by the time they were 16.

Looking back on her years "in care," as the official lingo puts it. Ellen said she believes that the agencies "should be accountable for what they do. If they are not doing the job right, they should get out of the business.

"My brothers didn't have the luck I did. . . . I made it, they didn't. They all have problems and I don't think they will ever recover. My mother did a lot to destroy her children but the agencies took up where she left off."

CHILD CARE SCANDAL IN NEW YORK EXPOSED—PART III

Mr. **BIAGGI.** Mr. Speaker, today I will insert for the RECORD the third in a seven-part series conducted by the New York Daily News investigating the abuses in the private child care agencies in New York City. Today's exposé deals with the enormous profiteering by the city's 77 private child care agencies despite their claims to be "struggling charitable organizations totally bereft of funds."

The article paints an entirely different picture, actually it resembles a modern-day "Oliver Twist," the novel by Charles Dickens written in the 19th century which related a tale of exploitation of children similar to what has been uncovered in New York City. In this instance, we find these agencies making enormous profits through investing funds designed to provide care and referrals of children to adoption homes instead of being invested into stocks, real estates, and savings accounts. The shocking sum total of the 77 agencies' assets, according to the News, was between $300 and $500 million.

Mr. Speaker, as this series progresses, the exposés grow more horrifying and shocking. One could easily make an analogy between the situation existing today in child care agencies and the current scandals in our private nursing homes. In each case, we are talking about scandalous profiteering through exploitation of those in need. I urge my colleagues to read these materials carefully and begin to investigate to see whether this situation exists elsewhere besides New York City. This matter deserves our close and immediate attention.

I now insert the third article entitled "Bullish on Holdings—Bearish on Kids".

BULLISH ON HOLDINGS, BEARISH ON KIDS

(By William Heffernan and Stewart Ain)

New York's 77 private child care agencies regularly depict themselves as struggling, charitable organizations totally bereft of funds. But a glance at the stock portfolios of many give an entirely different picture—one of vast resources that do not benefit the children in their care.

In a three-month investigation by The News, the financial holdings of 40 private agencies were reviewed. That study uncovered resources in stocks, bonds, real estate and savings accounts in excess of $174 million.

Since that time, spokesmen for the agencies have acknowledged that the combined holdings of all agencies are between $300 and $500 million.

The News recently obtained a number of agency financial statements filed last December with the Internal Revenue Service. Those statements were then reviewed by an independent certified public accountant, who found that in some agencies only a small portion of their private resources was spent on child care.

St. Mary's in the Field, in Valhalla, which spends $1.45 a day for food and 42 cents for clothing, while holding $1.3 million in stocks, real estate and savings accounts. Children at the agency are also forced to eat with plastic eating utensils, that are washed and reused, in direct violation of state health laws.

The Ottilie Home for Children, in Jamaica, which spends $1.46 a day for food and 62 cents on clothing, while possessing endowments which, in the words of its director, "could support us for the next five to 10 years if necesary."

And although many agencies find themselves in financial positions similar to the Ottilie Home, The News has found that the vast majority consistently present a public image of impending poverty.

One of the better known agencies, The Spence-Chapin Services for Children, recently sent a letter to its regular contributors, expressing great concern about the state of the economy and asking for financial support "within the limits of today's (economic) realities."

CUTS ACKNOWLEDGED

A study of that agency's economic realities, however, show that it is worth over $8 million, including:

Certificates of deposit totaling $600,000; bonds, $836,590; stocks, $3,468,086; endowments, $2,611,479; savings accounts, $383,717, and real estate, $968,694.

In a recent interview, Joseph Gavrin, executive director of the New York State Council of Voluntary Child Care Agencies, which represents 72 of the city's 77 private agencies, conceded that many agencies "are very healthy financially."

He insisted, however, that some "are in despearate straits," but said he did not know how many or which ones were experiencing financial difficulty."

Gavrin denied that agencies were skimping on food and clothing for children in their institutions.

"I have seen these children," he said, "and they are all well fed and well clothed."

Gavrin did acknowledge that many agencies pay reduced monthly support payments to some foster parents, even though they all receive a fixed amount from the city. "The agencies pay less to some and more to others, depending on their needs," he said, adding that those needs were determined by the agencies.

Gavrin pointed out that the city has not set regulations governing how much agencies had to pay their foster parents.

He said agency foster parents were, in effect, "employed by the agencies" and that the agencies were "well qualified to determine how much money is needed for food, clothing, etc., to properly care for the children in their foster homes."

UNDERFED AND ILL-CLOTHED

In the course of its investigation, The News found instances of children who were underfed and ill-clothed in agency foster homes.

Asked about that, Gavrin said he knew of no such instances and insisted that if some did exist they were not the result of reduced support payments.

Gavrin said the private agencies had "never experienced even a breath of scandal" involving the physical abuse of children.

"The practice of reduced payments has gone on for years," he said, "and we do not feel it has caused a problem."

At present the city pays each private agency $175 a month for the support of children in foster homes. In city-operated foster homes, parents receive that amount in full.

Yet the News has found that some parents operating foster homes for private agencies receive as little as $150 a month, plus additional reductions in city-paid clothing allowances.

Carol Parry, who heads the city's Division of Children's Services, which has over-all responsibility for city children in foster care, claims the city is attempting to change the practice of reduced payments.

"We set out allowances at a specific rate because we believe that amount is needed to properly support these children," she said, adding that the agencies have now been advised to begin making full support payments no later than July of this year.

Ms. Parry said she had no knowledge about the amount of money spent on food and clothing for children held in agency institutions, or whether the amounts spent were adequate.

She said the number of employes working in Children's Services made it impossible to regularly monitor institution practices.

"At present we only get to those institutions once each year," she said.

CHILD CARE SCANDAL IN NEW YORK EXPOSED—PART IV

Mr. **BIAGGI.** I insert for the RECORD the fourth in a seven part series done by the New York Daily News into the multimillion-dollar swindle perpetrated on the city of New York by the private child care agencies under its jurisdiction.

This article deals with the economic ramifications of this scandal on the city which is going through the gravest fiscal crisis in its history. A great deal of the city's problems can be traced to wasteful spending practices, and this article exposes one of the most flagrant examples of this. The article states that while the city will pay out an estimated $200 million to private child care agencies, they will have no idea about how the money will be spent until sometimes in the 1980's. The article also shows an incredible pattern of overpayment by the city to these agencies to the tune of millions of dollars annually. This article exposes a consistent and dangerous pattern of fiscal malfeasance which has had a profound effect on the city's financial condition.

Mr. Speaker, I again offer this material for the close consideration of my colleagues. The extent of this problem is enormous and solution to prevent its continued existence must be found immediately, I now insert the fourth article in this series entitled. "City Losing Fortune on Child Care."

The article follows:

CITY LOSING FORTUNE ON CHILD CARE

(By William Hefferan and Stewart Ain)

New York City's child care system has cost the city millions of dollars in lost revenues because of a long-standing failure to demand financial accountability from 77 private child care agencies.

This year the city will pay these private agencies more than $200 million to provide care for 26,000 homeles children. But the city officials responsible for those payments, The News has found will not know exactly how that money has been spent until well into the 1980's.

This lack of accountability, which has quietly existed for more than 15 years, stems from the city's failure to maintain up-to-date audits on the expenditures of these agencies. City officials estimate that additional millions may be lost unless the city upgrades its auditing procedures and makes private agencies financially accountable on a year-to-year basis.

In a three-month investigation of the city's child care system, The News found that many private agencies regularly deny thousands of children the chance of finding permanent homes so that they can continue to collect millions of dollars each year in city child support payments.

That investigation also found that these agencies often overcharge the city for the services they provide and that the city has been able to recover only a portion of those overcharges.

The city's failure to keep track of its child care payments is so severe, in fact, that half of the 77 agencies now doing business with it have not had a complete city audit in the last 10 years.

Eleven other agencies, it was found, have never had a completed city audit in their history, even though they have been receiving city child care payments as far back as 1967.

Because of this lack of accountability, these agencies—which have a combined net worth of more than $300 million—have been able to retain millions of dollars in city overpayments, often for 10 years or longer.

They have also earned millions of dollars in interest, on that money—interest that could have gone to the city if the audits had been up to date.

City Controller Harrison J. Goldin, when questioned about child care auditing procedures, candidly admitted that there is no hope of recapturing the millions already lost to private agencies.

Goldin warned that additional millions may be lost in the future if the city does not improve the financial accountability of its child care system.

Spokesmen for the controller's office, which has complete responsibility for child care audits, said the problem has grown constantly over the last 15 years because of a shortage of auditors to keep track of child care payments.

There are now 10 auditors assigned to review the yearly financial records of the 77 agencies receiving payments from the city.

The controller's office says that that number is five fewer than needed to properly handle the job and reduce the backlog. Hiring of the five could erase the backlog within the next five or six years, while allowing the city to recover $1 million a year in overpayments, it was said.

They quickly point out, however, that even though the city's job freeze has been lifted for the controller's office, no additional money has been allocated for any additions. If that policy remains in force, they say, additional millions may be lost and the backlog of audits will continue on into the 1980's.

A recent study of reports in the controller's office disclosed that the city is trying to collect overpayments from 28 private agencies.

Those overpayments, based on audits completed as far back as 1970, total $5,793,147. Some examples of those overpayments include:

The Angel Guardian Home	$1,050,948
The Catholic Guardian Society of New York	992,574
Greer, a Children's Community	330,636
Little Flower Children's Service	306,002
Society for Seamen's Children	117,926
Windham Child Care	581,600
Spence-Chapin Services for Children	154,511
Catholic Home Bureau	484,378

The controller's office admits it has no way of knowing the amount of overpayments that still remain uncovered because of the extensive auditing backlog.

But spokesmen for the controller say the amount is probably in the many millions of dollars, based on recent findings in partly updated audits.

FIVE FEWER THAN NEEDED

The controller's office says that it often experiences difficulties in collecting those overpayments. Of the $5,793,147 being sought by the city, in fact, the controller's office has been forced to spread agency repayments through 1980 to assure recovery. Such negotiations can drag for years and, even with the spread in payments, the city often has to settle for less than its auditors calculated.

Spokesmen for the controller say that many agencies plead poverty when faced with the need to repay overcharges and others insist they would suffer considerably if forced to sell their investments for this purpose.

The News has found, however, that many agencies are far from poor and actually possess large holdings in stocks, bonds, real estate and endowments.

Some examples of that wealth can be found among the agencies recently asked to repay $5.7 million to the city. Those examples include:

Greer, a Children's Community, with assets of $8.3 million, including $1.5 million in stocks and bonds.

Windham Child Care, with a net worth of $1.6 million, including $1.1 million in stocks and bonds.

Sheltering Arms Children's Service, with a net worth of $3.1 million, with $2.5 million in stocks and bonds.

Spencer-Chapin Services for Children, with a net worth of nearly $8.3 million, including $4.3 million in stocks and bonds.

In an audit recently completed at the Hebrew Children's Home in the Bronx, city auditors reviewed agency financial records dating back to 1961 and found that the city had been overcharged more than $30,000 for services.

The agency and the city then negotiated a settlement and, by the time the negotiations ended, the amount the agency was asked to repay had been whittled down to $15,955.

The agency had full use of that city money for 13 years and was allowed to keep any interest earned from it.

In its investigation, The News contacted caseworkers employed by private agencies. Several reported that some agencies overcharge the city by retaining children on their books for payment purposes, even when those children are no longer in their care.

Under their contracts with the city, private agencies are allowed to claim child care payments only while the children are actually in their care. If a child runs away from a foster home or institution, or is temporarily returned to his real parents, the agency is expected to deduct those periods from its payment requests.

Caseworkers interviewed by The News insist, however, that they have often been told to keep children on the agencies' books and to file reports to the city indicating that certain children were still "in care," even when that child had been missing for days.

Some agencies, the caseworkers said, even neglected to report runaways to the police, for fear the city would learn that the child was no longer in their care and thereby force the agency to lose its per diem payment for that child's care.

PROGRESS REPORTS REQUIRED

The city also requires agencies to pay regular visits to children housed in foster homes and to file reports about the progress of each child.

The caseworkers said, however, that many agency employes failed to make regular visits and often wrote their reports "off the top of their heads."

They said some agencies did not report instances of abuse and neglect in foster homes, as required, because that would force them to take the children out of those homes and thereby reduce their revenue.

The agencies are allowed to charge the city for salaries of employes whose work is directly related to child care services purchased by the city. The agencies are not allowed to charge for salaries that are not so related.

In most agencies, no income from their capital assets was spent on child care. Instead, it was reinvested in their stock portfolios to increase their capital worth.

It appeared to the CPA that the agencies were building a financial empire independent of their child care operations.

The CPA said it was possible, of course, that some agencies might be underpaid by the city in a given year for the purchase of child care services. (Those payments presently cover between 90 percent and 95 percent of agency expenses.) In addition, the amount of private funding received by an agency might be less than expected. In either of these cases, the CPA said, an agency might be forced to tap its assets. Thus it would be prudent to protect those assets.

But a check with the city controller's office revealed that of the 32 agencies audited within the last three years, only four had been underpaid. The others were overpaid by as much as $1 million and most of them had the money on hand to repay the city in one lump sum. The Catholic Guardian Society of New York, for instance, repaid the city $992,574 last year.

The News questioned a number of agencies about their private resources and asked if those financial holdings, which in many cases total millions of dollars, are actually needed to cover child care expenses.

The agencies openly admitted that all child care expenses were actually covered by a combination of city payments and contributions received from the public.

Jane Edwards, director of Spence-Chapin Services for Children, conceded that the agency's assets, which exceeded $8 million, were not actually used for child care.

Those funds and the earnings from them are constantly re-invested, she said, "and do little more than perpetuate themselves." Asked why those funds were not used for additional child care work, especially in the area of finding adoptive homes for children in care, Ms. Edwards said enough was being done, in that area with city funds and private contributions.

"NONE OUT THERE TO FIND"

"I don't believe any good would be done by using those resources for adoptions," she said. "There is no sense in putting this money into finding adoptive homes if there are none out there to find.

"I don't believe there are any more adoptive homes out there," she said. "I believe the recruitment efforts being made now are satisfactory."

Her remarks seem strange in the face of the tremendous demand for Vietnamese children. Indeed, according to refugee officials, the number of prospective adoptive parents exceed the available Vietnamese youngsters.

Severin Laliberte, director of the Ottilie Home for Children in Jamaica, Queens, said the resources of his agency were not applied to seeking adoptive homes because "adoption is just the latest fad in children's services."

"THE LATEST FAD"

"We went through a period when institutionalization was considered the best thing for children," he said, "and then foster care was considered best. Now it's adoption."

Laliberte said his agency was "beginning to refer some children for adoption" but still considered "good long and short term care" as its primary function.

A different view was taken by Eve Smith, director of LSC-Spaulding for Children, an agency that provides only adoption services.

"The problem with the private agencies as they are now constituted," Ms. Smith said, "is that they have lost the altruism they had years ago when they started out.

"They are no longer just concerned with the welfare of the children," she added. "They are concerned with maintaining themselves in business and perpetuating their investments. And I'm afraid that has become much more important than how the children are cared for, or what the system does to their lives."

SUPPORT SERVICES CUT

In its investigation The News discovered also that some agencies regularly cut back on child support payments to foster parents. The agencies receive a fixed monthly amount from the city for that support, but many foster parents, it was found, receive only part of those city funds.

Other agencies—including some of the wealthiest—also regularly skimp on food and clothing in agency institutions.

The News recently surveyed the spending practices of 35 agencies and found that most spend as little as $2 a day per child on food. Some spend even less.

Most of those agencies, it was found, also spend less than 50 cents a day per child for clothing, an amount far below the 88 cents a day minimum average recommended by the State Department of Social Services for children in foster care. Only two of the agencies surveyed, in fact, met that state average.

Directors of several agencies visited by The News explained that the low costs were directly attributable to mas sbuying practices.

RUMMAGE SALE PRICES

But some said also that savings in clothing expenses were realized through "purchases at rummage sales."

In most instances, agency directors questioned by The News described the food and clothing received by children as good to excellent.

Caseworkers employed in private agencies, however, said the food and clothing ran the gamut from "mediocre" to "the level one would expect to find in a poor family."

According to financial information filed in Federal Court as a result of two recent class action lawsuits, there is nothing "poor family" about the agencies themselves.

One of those agencies, the Jennie Clarkson Home for Children in Valhalla, has assets in excess of $1.2 million, including more than $1 million invested in stocks, bonds and real estate according to their financial reports.

That same agency is spending $2 a day per child for food and 43 cents for clothing.

A representative menu obtained at that agency showed that the 38 young girls in its care were fed the following on Jan. 5:

Breakfast: Bananas, sweet goods, Rice Chex and milk." Lunch: "Hamburgers & rolls, potato chips, pickles, salad and vanilla pudding." Dinner: "French toast & syrup, cheese, milk and pears."

When questioned about the menu, William H. Bennington, the Jennie Clarkson Home director, said he "hoped to correct that problem very soon" by hiring a new head of food services. The person presently in charge of those services has been employed by the agency for the last 29 years.

But the findings at Jennie Clarkson were not unique. Other agencies surveyed included:

St. Vincent's Hall, in Brooklyn, which spends $2.39 a day per child on food and 57 cents a day on clothing, while holding $1.5 million in stocks and bonds and $809,000 in savings accounts. The agency also acknowledges spending $4,000 a year at the prestigious Brooklyn Club "to entertain prospective contributors."

Yet caseworkers say some agencies falsify the job titles of some employes to obtain payments for their salaries from the city.

Those employes, the caseworkers said, are in reality performing jobs not covered by their city contracts. By assigning false job titles, the agencies are able to claim otherwise and receive full reimbursement from the city.

AFTERCARE SERVICES

One caseworker told an agency employer whose work was divided between providing aftercare services—a city—and fully reimbursable work with unwed mothers.

The agency, the caseworker explained, listed the employe as working totally with unwed mothers. It then received full reimbursement for the entire salary and the city had to pay for expenses it had not intended to purchase.

Carol Parry, who heads the city's Division of Children's Services, which has overall responsibility for these private agencies, said she had no knowledge of the financial abuses reported by caseworkers.

Ms. Parry adds, however, that her office lacks the staff to adequately inspect the private agencies doing business with the city, or to determine how accurately records are being kept.

"We're only able to visit these agencies once each year," she said, "and for the most part we have to rely on the reports the agencies file each month with our office."

"We lack accountability in many areas," she said. "But we're trying to improve that through new and stronger contracts. Right now I'd have to say that our method of accountability still leaves a great deal to be desired."

CHILD CARE SCANDAL IN NEW YORK CITY EXPOSED—PART V

Mr. BIAGGI. Mr. Speaker, I submit for the Record the fifth in a seven part series done by the New York Daily News on the scandals associated with the private child care agencies of New York City.

Today's expose deals with the deplorable conditions which exist in many of these agencies and foster homes. These facilities designed to care for the children instead in many cases practice the most heinous forms of abuse on these children. This article also points to the fact that foster parents instead of working to find permanent homes for these children keep them under their control so they can continue to receive their monthly care allowances from the city.

This horrifying situation cries out for reform. As one of the original sponsors of the Child Abuse Prevention and Treatment Act, I am appalled that these conditions exist and hope that the provisions of this legislation can be applied to remedy this situation.

Mr. Speaker, I now insert the fifth article entitled "Child Care Horrors Abound But City Sees No Evil":

CHILD-CARE HORRORS ABOUND, BUT CITY SEES NO EVIL

(By William Heffernan and Stewart Ain)

New York City is turning its back on the thousands of children it is dumping into the laps of private child-care agencies each year by assuming a hands-off policy toward the physical and emotional abuse, the neglect and even torture that many of these children experience in agency-approved foster homes.

In fact, the city never looks into these homes unless a problem develops and a complaint is registered. And the state, which licenses each foster family, issues licenses without ever checking the foster family or even setting foot in their home.

A three-month investigation by The News has revealed that the agencies themselves conduct only a cursory examination of the foster homes into which they place the children.

At no time is a police check requested by these agencies to determine whether foster home applicants have either a criminal or child-abuse record.

Most foster parents treat their foster children well, but many subject the children to beatings, neglect, malnutrition and sexual abuse.

These homeless children, it was found, have become the lifeblood of these private agencies, which thrive on the millions of dollars the city pumps into them each year. These agencies systematically keep children in their jurisdiction so that a constant level of government funding is maintained.

Carol Parry, head of the city's Division of Children's Services, said that while it appears that these agencies are deliberately keeping children under their wing, her agency is powerless to act because of understaffing. She said that if she could assign one person to each of the city's 77 childcare agencies, she could "double the number of adoptions each year."

This extra manpower would cost the city $700,000 a year, Ms. Parry said but the savings, once these children were adopted and payments to agencies ended, would be nearly $4 million a year.

City records indicate that a child remains in the care of private agencies an average of four to five years before being placed in an adoptive home or sent back to his parents.

On the other hand, it takes the city a full year less to do the same job with 3,000 difficult-to-place children whom the private agencies have refused to care for because they are "impossible to control." These are children kept in city-run shelters and foster homes.

Many agencies admit that they keep children much longer than five years. The Salvation Army Foster Home and Adoption Service says that the average length of stay for children in foster homes is nine years.

And Spence-Chapin Services for Children says that about one-fourth of its children have been "in care" from birth until well into their teens.

Jane Edwards, executive director of Spence-Chapin, said many of these children have not been adopted because "they are black and homes for black children are very difficult to come by. The best way to get these children adopted is to have their foster parents adopt them."

But Mrs. Edwards conceded that most of the Spence-Chapin children have remained with the same foster parents with whom they were placed when they were 5 years old, without ever being adopted.

Foster parents are under no obligation, moral or otherwise, to adopt. Nevertheless, the agencies have failed to persuade them to do so—despite the fact that the adoption subsidy since 1968 has been only $5 less than the basic foster care allowance of $175 a month.

In its investigation, The News found countless instances of children being mistreated by their foster families. Odessa Carrion, who worked as a supervisor for five years in a private child care agency, said she has found that "child abuse in foster homes is fairly common."

"Agencies regularly use their poorest workers to find foster and adoptive homes," Mrs. Carrion said. These workers have no clinical experience and, as a result, the agencies often end up with extremely pathological foster families whose interests and energies are wrapped up in themselves."

NEAR DROWNING

Within the first few months she worked for one agency, Mrs. Carrion said, she closed half the foster homes in her care because she found the foster parents "unfit."

"In some homes I closed, the children were not even getting proper clothing," she said.

In one of her foster homes, on Long Island, Mrs. Carrion learned that a foster mother had almost drowned her 3-year-old foster child.

"She took him into the bathroom and put his head in a tub of water to punish him for wetting the bed," she said. "But she kept his head under too long and he began floating in the bathtub."

She said the woman immediately rushed the child to a hospital, where doctors revived him.

In another foster home, Mrs. Carrion said four sibling foster children were regularly "beaten with straps, sticks or anything their foster parents could get their hands on."

THREATENS PUBLICITY

"When I told the agency director about this and informed her I was closing the home, she went into a tailspin. She said that at the rate I was going I would be closing all of her homes—unless she got rid of me.

"But when I threatened to go to the newspapers about this, she reluctantly agreed to close the home," Mrs. Carrion said, adding that when the four siblings were removed from the home they were also found to be suffering from malnutrition.

Mrs. Carrion said that working in the system for five years convinced her that agencies regularly hold on to children "in order to maintain their financial existence. If they didn't have children in care, they would be forced to either tap their own resources or go out of business."

One way to keep the children is to do as little as possible to rehabilitate their parents. Mrs. Carrion said that about one third of the parents of children in her agency's care could have been "rehabilitated" if efforts had been made.

THEY DON'T TRY

"But I don't know of anyone in the agency who ever tried," she said.

"My agency director once asked me why I was worrying about these kids, since they weren't my own and were never going to amount to much," she recalled. She said I was acting like I was dealing with dukes and counts and that I should just place them in foster homes and forget them.

The News also spoke to 16-year-old Diane, who has lived in four foster homes since she was 3.

When she was 6, the foster parents she had been living with for four years suddenly expressed an interest in adopting her.

"But the agency wouldn't let them do it," Diane said. They told me it was because I was Protestant and my foster parents were Catholic and they didn't want me being adopted by a Catholic family."

Diane said the agency immediately decided to move her to another foster home.

"They just pulled me out," Diane said. "I didn't want to leave but they forced me to, and after that I didn't care if I was ever adopted."

Diane said she was sent to another foster family. And then, a year later, she was moved to yet another foster home. There, she said, her life became a "nightmare."

"My foster father used to hit me with a leather belt on the back of my legs. It didn't take much to get him to do it. He seemed to like doing it.

"And my foster mother used to take pots and hit me on the head and pull my hair. I was even afraid to tell anybody.

SHE RUNS AWAY

Last year Diane decided she could take the abuse no longer and she ran away from her foster home. It took seven years to gather the courage to run away, she said, and when she telephoned her caseworker she said she would "keep on running" if she wasn't moved to another home.

Another child, 15-year-old Betty, had lived with her foster parents from the time she was 3. When Betty was 7, her real mother remarried and signed a surrender form, making her legally free for adoption.

But her foster parents could not afford to adopt her and the agency never bothered to tell them about the availability of adoption subsidies.

Last year, the agency pulled Betty out of her home, saying that her foster parents, who were in their late 50s, could no longer adequately care for her. The agency then put her in a group home with seven other girls. Within eight months she was failing in school for the first time in her life.

SIX GET PREGNANT

The girl's foster parents reported that there was very little food in the group home and that because of lax supervision most of the girls had taken to the streets and become involved with sex and drugs. Six of them became pregnant.

When informed of The News' findings, officials in the city's Division of Children's Services could do little but express despair over their inability to control private agencies.

"We're like the blind leading the blind," one division supervisor said. "We have only enough personnel to visit each agency once a year, and we never get inside an agency foster home unless we receive a report that a problem exists.

"Unfortunately," the supervisor added, "we usually learn of those problems only if the agency reports it. If they do not, we simply never know it happened.

"Accountability, as far as these kids are concerned, is only a word," the supervisor said. "It has never existed in fact and, if things continue on as they are, it never will."

CHILD CARE AGENCY SCANDAL IN NEW YORK CITY EXPOSED—PART VI

Mr. BIAGGI. Mr. Speaker, today I wish to insert the final article in a six-part investigative series conducted by the New York Daily News into the private child care agencies in the city of New York.

The previous articles uncovered some very serious abuses in the system including misuse of funds, and abuse and neglect of children housed in these agencies. Yet the most serious charge leveled at these agencies deals with their failure to provide permanent adoption opportunities for children.

I intend to hold a congressional hearing on August 19 and 20 in New York to examine the problem and propose remedial legislation. I intend to call agency officials as well as children victimized by agencies as witnesses. It is my hope that meaningful legislation can be developed and passed by Congress to rid this Nation of this unconscionable scandal.

Mr. Speaker, at this point in the RECORD I insert the final article in the series entitled "Adoption Agencies Work Hard—at Keeping Kids."

The article follows:

ADOPTION AGENCIES WORK HARD—AT KEEPING KIDS

(By William Heffernan and Stewart Ain)

Private child-care agencies, intent on keeping homeless city children locked in long-term foster care, are openly resisting a new organization whose sole purpose is to find adoptive homes for children the agencies have labeled "impossible to place."

In a three-month investigation of the city's child-care system, The News found that thousands of children were being denied the chance of finding permanent homes while these private agencies collect millions of tax dollars for their continued maintenance.

The investigation found also that many of these agencies have refused even to meet with the new organization CS-Spaulding for children, the only private agency created specifically to find adoptive homes for difficult-to-place children.

Other agencies, it was found, have refused to give Spaulding information needed for the adoptive process and some have even "hung up" on Spaulding telephone contacts about possible adoptions.

Eve Smith, Spaulding's director, told The News that most of the private agencies her organization has contacted seem "to be geared to keeping children in care, rather than getting them back to their families or into adoptive planning."

She cited the case of a 2-year-old brain-damaged girl recently referred to her organization by the New York City Interagency Relationship Program. When Spaulding tried to contact the agency caring for the child, who is legally free for adoption, the agency "refused to meet with us, let us see the child or in any way look for an adoptive home for her," Mrs. Smith said

In the few months Spaulding has been working to move children out of foster care, they have managed to place seven children in adoptive homes and are in the midst of placing seven others.

Mrs. Smith stressed that her organization's policy is to "cooperate with and serve agencies who refer children to us." But while some agencies have been cooperative, the others have thrown roadblocks in Spaulding's path.

"We have encountered various forms of resistance," Mrs. Smith said. "One agency's adoption worker talked about referring a black, 11-year-old girl to us. The referral was 'squashed' by the director of the agency because the director felt Spaulding was 'still too new.' So the child goes unplaced, even though we presently have a prospective adoptive family requesting such a child."

TRY TO "DUMP" KIDS

"There have been other instances when an agency showed a desire to use Spaulding to 'dump' kids for whom there is no other place," she said.

Mrs. Smith cited the case of a 17-year-old boy whom an agency worker referred to Spaulding. A check of the child's records showed that he was not legally free and had never been consulted about whether he wanted to be adopted. But the worker had to "move the boy and saw Spaulding as a convenient way of getting rid of the problem."

In another instance, an agency caseworker expressed "ambivalence" about the adoption possibilities of a 12-year-old black boy referred to Spaulding a year ago when the child became legally free.

"Although we have offered our assistance to the agency and spent many hours helping the worker prepare the child for adoption, there has been no movement," Mrs. Smith said.

The child, Mrs. Smith explained, was abandoned at infancy by his mother and was placed in "foster care directly from the hospital where he was born." The child was never freed for adoption until he was 11.

Such examples of children who have been kept in foster care since infancy are not uncommon, Mrs. Smith said. One of the cases referred to her agency was that of a 5-year-old boy who could have been made legally free for adoption when he was an infant.

"Despite several overtures on our part, the agency has neglected to follow through," she said. "Because he has already been in several foster homes and is showing what seems to be an emotional disturbance, the agency has decided that he is 'unadoptable.' "

In still another case, Mrs. Smith said, an agency disagreed with a doctor regarding the placement of a 9-year-old, slightly retarded black girl. The agency wanted to place the child in an institution even though the doctor believed the child could be placed in an adoptive home.

When the case went before the courts for review, the judge agreed with the doctor and ordered the child placed for adoption. The agency was so furious that it declared it was "washing its hands" of planning responsibility for the child. Spaulding is now waiting for the agency's approval to print the child's picture to help recruit adoptive parents.

Mrs. Smith places part of the blame for agency resistance on the city child-care system itself, which is based on a daily reimbursement rate for each child in foster care.

AGENCY LOSES FEE

"When children are sent back to their biological families or placed for adoption, the agency loses the daily rates," she said. "That fact most certainly contributes to many voluntary agencies' seeming reluctance to 'let children go.' "

The children referred to Spaulding are those who are older, those who have been in foster or institutional care for some time and those who are considered the most difficult to place by the agencies themselves.

Nevertheless, Mrs. Smith said, all but one of the 14 children she has worked with could have been placed for adoption much earlier if they had been identified as adoptable and made legally free.

"Four could have been placed prior to the age of 1," she noted. "Three of the four were apparently not placed because it was discovered that they had physical handicaps."

USE HANDICAP AS EXCUSE

She added that her experience to date indicate that "many older and/or handicapped children are adoptable" but agencies must make an effort to find adoptive parents for them. But the News has found that agencies often use handicaps, both emotional and physical, as an excuse not to make a child available for adoption.

It has also found, however, that of the 1,203 prospective adoptive parents now listed with the State Adoption Exchange, 1,190 have actually expressed a preference to adopt a child with a handicap.

STORY OF STEVEN

One caseworker spoke about Steven, a 4-year-old black child who is legally free for adoption.

In 1973, the caseworker said, Steven's picture appeared in the Amsterdam News so that an adoptive home could be found for what the newspaper described as a "bright, friendly, affectionate child."

A middle-aged, childless black couple living in Connecticut saw Steven's picture and immediately inquired about adoption.

"At first they were told they couldn't be considered because they were too old," the caseworker said. "So the husband (age 53) and the wife (age 40) contacted their lawyer and were told refusal on those grounds was illegal."

"But when they told that to the agency," the caseworker added "the reason was suddenly changed. The new reason for turning them down was that Steven had to be placed in a home with other children because that best suited his psychological needs."

GAVE UP FIGHT

"But they've recently adopted a child from Massachusetts," the caseworker said. "Meanwhile, Steven is still in foster care and the older he gets, the fewer chances he'll have of ever being adopted."

The News spoke with numerous couples who attempted to adopt children through the child care system and found an assortment of stumbling blocks thrown in their paths.

Those couples said agencies alienate potential adoptive parents by "putting them through the wringer" in a series of interviews that probe their innermost thoughts and sexual relations in an almost voyeuristic way. The interviews are often embarrassing, they said.

Couples are questioned both together and separately, and many wonder whether to reveal their true feeling or to recite answers they believe the agency is seeking.

Guidelines established by the State Department of Social Services clearly state that once an agency has completed its review of an applicant, the applicant must within a given time be informed where he stands.

But a number of persons have said they were never informed of whether they had met agency requirements and were kept on tenterhooks for months awaiting a possible call from the agency.

"Everytime the phone rang I died a little," recalled one woman. "For eight months I sat with a lump in my throat wondering whether or not the agency had approved our application. We lived on pins and needles, afraid to make a phone call in case the agency called to say they had found a child for us. We cut all of our phone conversations short and lived in suspense."

That woman was lucky. But other couples have not been so fortunate. A registered nurse in the Bronx has been waiting nine years. She has been to three agencies, none of whom have informed her whether her application has been either approved or rejected.

State guidelines emphasize also that "families with children by birth or adoption should be given the same consideration as childless couples. The important qualification is their capacity to extend parenthood to another child."

Nevertheless, The News has interviewed couples who say they were flatly rejected because they have children of their own.

The state guidelines stress also that the primary aim of child care agencies is to see that children get adopted as quickly as possible so long as no serious impediments are found when investigating prospective parents. Indeed, say the guidelines, "most couples do have the capacity for adoptive parenthood."

But Gary Rollnick, president of the Adoptive Parents Committee of New York State, said that he and his wife were turned down as adoptive parents on the ground that his wife was "too fat."

The Rollnicks eventually adopted a child from another state that did not believe his wife's weight precluded her ability to offer loving care.

Mr. **Brademas.** Next we are very pleased to welcome Mr. Gregory J. Ahart, Director of the Human Resources Division of the General Accounting Office, accompanied by Mr. Dick Horte and Mr. Lawrence Seigel, supervisory auditors of the General Accounting Office.

The Chair might observe, for those who may not be familiar with the General Accounting Office, that it is the principal investigatory arm of the legislative branch of the Federal Government.

Gentlemen, we are very pleased to have you.

STATEMENT OF GREGORY J. AHART, DIRECTOR, HUMAN RESOURCES DIVISION, GENERAL ACCOUNTING OFFICE, ACCOMPANIED BY DICK HORTE AND LAWRENCE SEIGEL, SUPERVISORY AUDITORS, GAO

Mr. **Ahart.** Thank you, Mr. Chairman. I have a fairly lengthy statement and I will take your direction to whether you would like to have me read it in full or try to hit the highlights of it.

Mr. **Brademas.** I think perhaps, Mr. Ahart, if you could summarize, that would enable us to put questions to you, and the Chair would here observe that he is going to have to attend another meeting shortly in any event, and will try to get back. We will ask Mr. Miller to chair the hearings.

So, if you could summarize, we would be grateful, and your entire statement will appear in the record.

[The statement referred to follows:]

Statement of Gregory J. Ahart, Director, Human Resources Division

Mr. Chairman, we are pleased to be here today to discuss results to date of our ongoing review of the use of residential care facilities under the Aid to Families with Dependent Children (AFDC)—Foster Care program for children. At a later date, we will provide you with a written report containing the complete results of our review.

We have been making this review at the request of the Subcommittee on Select Education and our findings to date indicate problems in the following areas.

Placing agencies have not been providing required services to the children and their families. This includes the lack of case plans specifying needed services and timetables against which to measure the children's progress, the lack of semi-annual review of placement, the absence of services to families and noncompliance with State requirements for periodic visits to the child.

Some institutions we visited could best be described as poor in terms of physical condition and available facilities.

Licensing activities were not sufficient to satisfy State requirements. In several cases, annual licensing inspections were not performed and three of the institutions we visited had not been licensed as child care facilities.

Rates of payment varied widely and often included costs which we believe would be unallowable under any reasonable interprettaion of Federal regulations.

Several of the facilities were profit institutions which are presently not eligible for participation under the federally assisted program.

Our review encompasses selected placement agencies in the States of California, Georgia, New Jersey, and New York which acounted for about two-thirds of the AFDC—Foster Care children placed at institutions in March 1976. We visited selected institutions used by those placing agencies which were located in California, Florida, Georgia, New York and Pennsylvania.

BACKGROUND

Title IV-A, section 408, of the Social Security Act, makes federally matched payments available for foster home care of dependent children who are placed in foster care as a result of a judicial determination that continuance in their home would be contrary to their welfare. The children must also meet AFDC eligibility requirements. Federal payments are available for children living at foster family homes or institutions.

Since the beginning of the AFDC—Foster Care program in 1961, the number of participants has increased from an estimated 633 to about 115,000 in March 1976. State officials stated that the characteristics of the children and the services provided them under the title IV-A program have also changed since 1961. Children placed in foster care particularly because of mental or delinquency problems now participate in the program. For example, in California, large numbers of juvenile delinquents are placed at foster care institutions rather than juvenile detention facilities, and the care of many of these juveniles is partially financed by the AFDC program. Similarly, tightening of intake criteria at State institutions for the mentally retarded has resulted in a significant number of mentally retarded children entering New York's Foster Care program.

As a result, services beyond those generally provided in a family home are often required. These children, the services they require, and the costs associated with those services appear to go beyond the scope of the AFDC—Foster Care program which was established in 1961. They also appear to overlap other Federal and State programs directed to target groups such as the mentally retarded and the delinquent.

In fiscal year 1975, the total cost of the AFDC—Foster Care program was about $259 million, of which the Federal share was about $138 million. The Department of Health, Education, and Welfare (HEW) reports do not show on a national basis what portion of the Foster Care program is represented by children residing at institutions. However, the available data indicates that about one-fourth of the children resided at institutions during March 1976, accounting for about 40 percent of program costs.

PLACING CHILDREN INTO FOSTER CARE

Children enter foster care in one of two ways—by a court directing placement because of the child's behavior and/or home situation, or by the parents voluntarily allowing a placing agency to place the child. Federal law makes a judicial determination a condition of AFDC—Foster Care eligibility. As a result, children whose placements are not court ordered are not eligible under the title IV-A program.

The judicial review process begins with a court hearing of the evidence relating to the alleged reasons for removing the child from his home. If the case is sustained, the court recommends placement for the child. The court may specify where the child will be placed or may allow the placing agency to select a suitable placement.

Depending on the State, the court reviews its placements every 6 months to 2 years. The review generally consists of a hearing at which the placing agency, the child, his family, and/or other interested parties are requested to appear to determine the need for continued placement. During all court proceedings, the child and the family may have legal counsel.

PLACING AGENCIES NOT ADEQUATELY PROVIDING REQUIRED SERVICES

Federal law and regulations require placing agencies to provide certain services as a condition for reeciving Federal financial participation. The services include:

Developing a case plan so that the child is placed in a foster family home or institution in accordance with his needs;

Semi-annually reviewing the child's needs and appropriateness of care and services provided; and

Providing services to improve the conditions in the home from which the child was removed or to make possible his placement in the home of another relative.

Placing agencies must also comply with their State's plan of service which details to HEW how the Sttae will conduct the program in accordance with Federal laws and regulations.

We reviewed the placing agencies' and institutions' case files to determine if the required services were provided.

CASE PLANS

Case plans should document the child's needs and the agency's plan to meet those needs. A good case plan makes it possible for the caseworker and supervisors to review the child's progress and the delivery of services by the caseworkers. Without case plans, time frames and specific service goals may not be established and this can result in the child receiving inappropriate care or remaining in foster care longer than necessary. The files which we received in Georgia, New Jersey, and New York, had case plans in almost all instances. However, the California agencies often did not prepare the required plans or had plans which did not satisfy Federal and State regulations. Also, HEW reported in 1976 that case files at three Georgia placing agencies, which we did not review, showed a lack of planning and an absence of vital information.

In addition to being needed for planning and assessment purposes, case plans provide a record for continuity of care to the child when caseworkers are changed. For example, at one of the California counties we reviewed, all the caseworkers assigned to institutionalized children resigned or transferred within several months. The county had poor case records and as a result, the placement workers started with little knowledge of the children. A supervising caseworker stated that the lack of documentation increased the difficulty of the transition to the new workers.

PERIODIC REVIEW OF PLACEMENT

Federal law and regulations require the agencies to review the appropriateness of the child's care at least every 6 months. The apparent objectives of the semi-annual reviews are to assure that the child receives needed services and does not remain unnecessarily long in foster care. Overall, the required semi-annual reviews were prepared for about one-third of the children during the 6-month period we reviewed.

SERVICES TO THE FAMILY

The primary objective of the AFDC program is to enable dependent children to reside in their homes or those of relatives. To achieve this objective, the Federal law and regulations require that placing agencies provide services to the families of dependent children to enable the child to return home or to the home of a relative. About 45 percent of the families were not visited during the 6-month period we reviewed. Our analysis excluded cases where parents did not exist or could not be located.

VISITS TO THE CHILDREN

Caseworker visits to foster care children are important because:

The worker is the child's link to his family.

The visits enable the worker to better judge the child's progress and adjustment to the placement; and

The worker becomes more familiar with the institution which should result in better coordination in the child's treatment and more accountability for the services and upkeep at the institution.

Federal regulations contain no requirements for such visits. California and Georgia required monthly or bimonthly caseworker visits to the children, but the agencies often did not visit the children at the required intervals. In New Jersey and New York, the State regulations allow for progress reports from the institutions in lieu of visiting the children. In most instances, progress reports were received by the placing agencies.

CASELOADS

Agencies cited excessive caseloads as the reason that required services were not always provided. The caseload varied from 35 to 75 children per caseworker at the agencies we reviewed. We asked agency officials and workers what caseload level they believed would allow them to provide the required services. They stated that between 35 and 40 would be a workable number.

HEW has not established requirements or guidelines for foster care caseloads. The only standard we identified was the Child Welfare League of America's recommended caseload of 20 to 30 children. This workload was based on the recognition that in foster care, the caseworker has responsibility for providing services to the child, his family and the foster home or institution.

CARE AT INSTITUTIONS

Our review included a total of 18 institutions. The institutions were selected from those often used by the placing agencies we reviewed to provide diverse capacities, settings, fees, and locations. The capacity of the facilities ranged from 20 to 1,100, and the locations included rural, suburban, and urban settings. The monthly rates charged for each child by the institutions ranged from $156 to $1,320.

CONDITIONS AT THE FACILITIES

The conditions at the institutions varied from poor to excellent in terms of state of repair, cleanliness, and available facilities. We observed serious deficiencies at 7 of the 18 institutions. Some examples from our observations at these facilities were:

Showers with broken plumbing;

Screens missing from windows at institutions located in fly infested areas;

Broken furniture and windows;

An inoperable refrigerator containing rotting fruits and vegetables;

Walls and doors with holes in them;

Mattresses without bedframes or springs; and

Barracks-like settings.

At several institutions we noted problems relating to children's clothing including inoperable laundry facilities, inadequate storage places for dirty clothes, and inadequate clothing for the children.

Another problem we observed was a lack of recreation areas and equipment. Many of the institutions had well kept swimming pools, athletic fields, and other resources, but at several others we saw scum-filled or otherwise unusable pools, little in the way of recreation space and equipment, and little organized recreation activity.

MEDICAL CARE

Children placed in foster care under the AFDC program are eligible for medical care through the Medicaid program authorized by title XIX of the Social Security Act. As a result, there is generally no cost to the institutions when the children receive medical care. At the institutions we visited, we found evidence that children received medical services. We found problems in two areas—periodic physical examinations and control of medications. At six of the institutions, some of the children did not receive annual physical exams, and at eight of the institutions, we identified inadequate controls over medications. The controls are especially important because some of the children have histories of drug abuse. Some of the poor controls that we brought to the attention of the institution were:

Storing of medicines in accessible locations such as closets and bathroom cabinets;

Poor medication dispensing logs; and

Failing to destroy out-of-date or unneeded prescriptions.

EDUCATION

The children were provided education programs at all of the institutions at either schools on the facilities' grounds or in the communities' public schools. The on-grounds schools were staffed either by the public school system or by the institution's personnel. All the programs were approved by the appropriate State education agencies.

STAFF

The staff at the institutions can be categorized as professional staff such as administrators, social workers, psychologists, and teachers, and child care personnel such as counselors and house parents. Although the professional staff were generally college educated, the child care staff often had no related education or training for their jobs.

RECORDS

We also examined records at the institutions to identify documentary evidence of their services to the children. We found that progress reports, documents from placing agencies, records of services to families, and records of where the children went after leaving the facility often were not prepared or maintained.

LICENSING ACTIVITIES

The conditions just described show that the licensing activities were not sufficient to insure that institutions maintained their facilities and progress at acceptable levels. In many instances, annual licensing inspections were not performed, and 3 of the 18 institutions were not licensed. Also, facility deficiencies that we observed at several institutions were not corrected despite licensing agencies knowing about the problems.

California, Georgia, New Jersey, and New York required annual inspections of foster care institutions—only California complied. In Georgia, the licensing agency had not issued inspection reports for 8 of 20 institutions for at least 3 years. The New Jersey and New York agencies failed to inspect many facilities during fiscal year 1976. The major reason cited by the agencies for the lack of inspections was staffing.

Licensing standards and procedures varied among States. Some of the differences we identified were:

Physical requirements, such as bedroom size and number of bathrooms, varied among some States and were not specified by others;

The time required to inspect a facility varied from a few hours in Georgia to 6 days in New Jersey;

One State made surprise, unannounced licensing inspections while the others pre-arranged dates for visits; and

The inspection reports ranged from very detailed evaluation narratives to short reports noting what, if any, deficiencies were identified.

Title XX of the Social Security Act, which became effective on October 1, 1975, requires that States establish and maintain standards for foster care homes and institutions which are reasonably in accord with the recommendations of national standard setting organizations. The only standard setting organization we identified was the Child Welfare League of America, which published institutional standards in 1963. We saw no indication that the States recognized those standards as the official standards to follow.

FOSTER CARE RATES

Federal regulations require States to include in their State plan for participation in the AFDC program specific criteria for determining the amount of payment chargeable to the program for foster care in foster family homes and in child care institutions. The regulations restrict institutions' rates from including any items not included for care in foster family homes. The regulations also provide that overhead costs of the institution must be excluded. The States and local agencies are uncertain of the meaning of the regulations and rates are set using different criteria. As a result, we found varying rates, inconsistencies in what services the agencies would fund, and apparent noncompliance with Federal regulations.

HOW RATES ARE ESTABLISHED

Rates paid to child care institutions far exceeded the amounts paid to foster family homes. For example, in Los Angeles County, the institutions' monthly rates ranged from $329 to $1,184 a child while the maximum monthly payment to family homes was $298. In New York City where the maximum monthly family home rate was $408, institution monthly rates ranged from $795 to $1,107 a child. Georgia was an exception—the institution and family home rates were very similar. Foster family homes received a monthly maximum of $293 and monthly payments to institutions ranged from $133 to $311 a child.

The differences in rates are largely attributable to the varying criteria and processes used to set institutions' rates. Georgia established a rate schedule which provided for paying institutions a base rate equal to that paid to fotser family homes and adjusted to provide additional fees based on services provided and the characteristics of children accepted by the institutions. Georgia officials stated that this rate schedule was not directly based on the institutions' costs of services. In the other States agencies generally requested financial statements to support rate requests for institutions located within their area of jurisdiction. For placements made at institutions located in other counties or States, the agencies either approved the amount requested by the institution or used the rates approved by the local agency. Agencies also differed in the costs and services they would reimburse. We found varying policies regarding expenses such as education, depreciation, and administrative salaries.

ANALYSES OF INSTITUTIONS' RATES

The rates paid to institutions sometimes included, or were justified by, costs which were unallowable, inaccurate, and of questionable reasonableness.

Our reviews of the institutions' financial records showed that the facilities often reported inaccurate or unsubstantiated costs in support of their rates. In other instances, the costs were substantiated but their reasonableness appeared questionable based on the amounts and comparisons with the costs at other facilitie. The major element of potentially unallowable cost was overhead because agencies made little or not attempt to eliminate overhead from the rates. As stated earlier, Federal regulations do not allow overhead costs to be included in institutions' rates. We believe this occurred because HEW has not specified what costs should be excluded as overhead.

Vague Federal regulations are largely responsible for the inconsistencies, inaccuracies, and questionable costs we identified in our review of rates. We suggest that HEW change the existing regulations to clearly define what services will be funded and which costs are allowable. Terms such as overhead and costs of a foster family home should be expressed as specifics such as food, shelter, administrative salaries, and depreciation. We also believe that HEW should work with the States to establish guidelines for setting rates and for judging the reasonableness of foster care costs.

USE OF PROFIT INSTITUTIONS

Federal law and regulations do not allow Federal financial participation in the cost of care at private, for-profit institutions. The two counties in California that we reviewed placed federally claimed children at profit facilities. We notified HEW that over $600,000 of unallowable Federal payments were made to the State for children placed by the counties at profit institutions, and we asked HEW to take action to recoup the funds. New Jersey and New York also placed federally claimed children at profit institutions, and we are in the process of reporting this situation to HEW.

Mr. Chairman, this concludes our prepared statement. We will be pleased to respond to any questions that you or other members of the Subcommittee may have.

Mr. AHART. Thank you, Mr. Chairman. We are pleased to be here today to discuss the results to date of our ongoing review at the subcommittee's request of the use of residential care facilities under the aid to families with dependent children—foster care program. At a later date, we will provide you with a full written report containing the complete results of our review.

Our findings to date indicate problems in the following areas:

Placing agencies have not been providing required services to the children and their families.

Some institutions we visited could best be described as poor in terms of physical condition and available facilities.

Licensing activities were not sufficient to satisfy State requirements.

Rates of payment varied widely and often included costs which we believe would be unallowable under any reasonable interpretation of Federal regulations.

Several of the facilities were profit institutions which are presently not eligible for participation under the federally assisted program.

Our review encompasses selected placement agencies in the States of California, Georgia, New Jersey, and New York. We visited selected institutions used by those placing agencies which were located in California, Florida, Georgia, New York, and Pennsylvania.

The Social Security Act makes federally matched payments available for foster home care of dependent children who are placed in foster care as a result of a judicial determination that continuance in their home would be contrary to their welfare. The children must also meet AFDC eligibility requirements. Federal payments are available for children living at foster family homes or in institutions.

Since the beginning of the program in 1961, the number of participants has increased from an estimated 633 to about 115,000 in March

1976. The characteristics of the children and the services provided them under the title IV-A program have also changed since 1961. Children placed in foster care particularly because of mental or delinquency problems now participate in the program.

As a result, services beyond those generally provided in a family home are often required. These children, the services they require, and the costs associated with those services appear to go somewhat beyond the scope of the AFDC—foster care program as it was originally established. It also appears to overlap other Federal and State programs directed to target groups such as the mentally retarded and the delinquent.

I would like to talk briefly about the placement of children into foster care. Children can enter the foster care program in one of two ways: By a court directing placement because of the child's behavior and/or home situation, or by the parents voluntarily allowing a placing agency to place the child. Children whose placements are not court ordered are not eligible for Federal aid under the foster care program.

Federal law and regulations require placing agencies to provide certain services as a condition for receiving Federal financial participation. These services include:

Developing a case plan so that the child is placed in a foster family home or institution in accordance with his needs;

Semiannually reviewing the child's needs and appropriateness of care and services provided; and

Providing services to improve the conditions in the home from which the child was removed or to make possible his placement in the home of another relative.

Placing agencies must also comply with their State's plan of service which details to HEW how the State will conduct the program in accordance with Federal law and regulations.

We reviewed the placing agencies' and institutions' case files to determine if the required services were provided.

Case plans should document the child's needs and the agency's plan to meet those needs. Without case plans, time frames and specific service goals may not be established, and this can result in the child receiving inappropriate care or remaining in foster care longer than necessary.

The files which we reviewed in Georgia, New Jersey, and New York had case plans in almost all instances. However, the California agencies often did not prepare the required plans or had plans which did not satisfy Federal and State regulations.

In addition to being needed for planning and assessment purposes, case plans provide a record for continuity of care to the child when caseworkers are changed.

Federal law and regulations require the agencies to review the appropriateness of the child's care at least every 6 months, to assure that the child receives needed services and does not remain unnecessarily long in foster care. Overall, the required semiannual reviews were prepared for about one-third of the children during the 6-month period that we reviewed.

Federal law and regulations also require that placing agencies provide services to the families of dependent children to enable the child to return home or to the home of a relative. About 45 percent of the families were not visited during the 6-month period we reviewed.

Caseworker visits to foster care children are important because:

The worker is the child's link to his family;

The visits enable the worker to better judge the child's progress and adjustment to the placement; and

The worker becomes more familiar with the institution, which would result in better coordination in the child's treatment and more accountability for the services and upkeep of the institution.

Federal regulations contain no requirements for such visits. California and Georgia required monthly or bimonthly caseworker visits, but the agencies often did not visit the children at the required intervals. In New York and New Jersey, the State regulations allow for progress reports from the institutions in lieu of visiting the children. In most instances, these progress reports were received.

Agencies cited excessive caseloads as the reason that required services were not always provided. The caseload varied from 35 to 75 children per caseworker at the agencies we reviewed. Agency officials and workers believe that between 35 and 40 would be a workable number.

HEW has not established requirements or guidelines for foster care caseloads. The only standard we identified was the Child Welfare League of America's recommended caseload of 20 to 30 children.

I would like to turn now to our study of institutions. Our review included a total of 18 institutions, which were selected from those often used by the placing agencies we reviewed to provide diverse capacities, settings, fees, and locations.

The conditions at the institutions varied from poor to excellent in terms of state of repair, cleanliness, and available facilities. We observed significant deficiencies at 7 of the 18 institutions.

Some examples from our observations at these facilities were:

Showers with broken plumbing;

Screens missing from windows at institutions located in fly-infested areas;

An inoperable refrigerator containing rotting fruits and vegetables; and

Walls and doors with holes in them; and so on.

At several institutions, we noted problems relating to children's clothing, including inoperable laundry facilities, inadequate storage places for dirty clothes, and inadequate clothing for the children.

Another problem we observed was a lack of recreation areas and equipment at several of the institutions.

Children placed in foster care under the program are eligible for medical care through the medicaid program authorized by title XIX of the Social Security Act. At the institutions we visited, we found evidence that children did receive medical services.

We found problems in two areas. At six of the institutions, some of the children did not receive annual physical examinations; and at eight of the institutions, we identified inadequate controls over medications.

With regard to education, the children were provided education programs at all of the institutions at either schools on the facilities' grounds or in the communities' public schools.

The staff at the institutions can be categorized as professional staff such as administrators, social workers, psychologist, and teachers, and so on, and child care personnel such as counselors and house parents. We found that the professional staff were generally college educated. The child care staff often had no related education or training for their jobs.

We examined the records at the institutions to identify documentary evidence of their services to the children. We found that progress reports, documents from placing agencies, records of services to families, and records of where the children went after leaving the facility often were not prepared or maintained.

The conditions just described show that the licensing activities were not sufficient to insure that institutions maintained their facilities and progress at acceptable levels. In many instances, annual licensing inspections were not performed and 3 of the 18 institutions that we visited were not licensed at all. Also, facility deficiencies that we observed at several institutions were not corrected despite licensing agencies knowing about the problems.

The four States required annual inspections of foster care institutions. Only California complied. Licensing standards and procedures varied among the States. Some of the differences we identified were:

Physical requirements, such as bedroom size and number of bathrooms, varied among some States and were not specified by others;

The time required to inspect a facility varied from a few hours in Georgia to 6 days in New Jersey;

One State, California, made surprise, unannounced licensing inspections, while the others prearranged dates for visits; and

The inspection reports ranged from very detailed evaluation narratives to short reports noting what, if any, deficiencies were identified.

Title XX of the Social Security Act, which became effective last October, requires that States establish and maintain standards for foster care homes and institutions which are reasonably in accord with the recommendations of national standard setting organizations. The only standard setting organization we identified was the Child Welfare League of America, which published institutional standards in 1963. We found no indication that the States we visited recognized those standards as the official standards to follow.

I would like to discuss briefly the rates which are paid to the foster care institutions. Federal regulations require States to include in their State plan for participation in the program specific criteria for determining the amount of payment chargeable to the program for foster care in foster family homes and in child care institutions.

The regulations restrict institutions' rates from including any items not included for care in foster family homes. The regulations also provide that overhead costs of the institution must be excluded.

The States and local agencies are uncertain of the meaning of these regulations, and rates are set using different criteria. As a result, we found varying rates, inconsistencies in what services the agencies would fund, and apparent noncompliance with Federal regulations.

Rates paid to child care institutions generally far exceeded the amounts paid to foster family homes. The differences in rates are largely attributable to the varying criteria and processes used to set institutions' rates

Georgia established a rate which provided for paying institutions a base rate equal to that paid to foster family homes and adjusted to provide additional fees based on services provided and the characteristics of children accepted by the institutions.

In the other States, agencies generally requested financial statements to support rate requests for institutions located within their own areas of jurisdiction. For placements made at institutions located in other counties or States, the agencies either approved the amount requested by the institution or used the rates approved by the local agency.

The rates paid to institutions sometimes included or were justified by costs which were unallowable, inaccurate, and of questionable reasonableness.

The major element of potentially unallowable cost was overhead because agencies made little or no attempt to eliminate overhead from the rates.

Vague Federal regulations are largely responsible for the inconsistencies, inaccuracies, and questionable costs we identified in our review of rates. We think that HEW should change existing regulations to clearly define what services will be funded and which costs are allowable. We also believe that HEW should work with the States to establish guidelines for setting rates and for judging the reasonableness of foster care costs.

I will mention just briefly, Mr. Chairman, that, although Federal law and regulations do not allow Federal financial participation in the cost of private, for-profit institutions, we identified 5 of the 18 institutions that we visited as profitmaking institutions. We have notified HEW of this and have suggested that they seek recovery from the States for the financial participation in payments to those institutions.

That concludes a summary of my statement, Mr. Chairman, and we would be very happy to try to respond to any questions you might have.

Mr. MILLER. Thank you very much, Mr. Ahart. I appreciate the time that GAO has given to this study. We have had several meetings and you have had other meetings with members of my staff, and I think you are to be complimented for the diligence with which you pursued this report.

Now, am I clear in understanding that we will receive a full written report in about 2 months' time roughly?

Mr. AHART. I think at present our schedule calls for shortly after the first of the calendar year, Mr. Chairman.

Mr. MILLER. I see. I have a number of questions. I would like first to go to the question of the periodic review of placement. Now, you testified in your report that Federal regulations require agencies to review the appropriateness of the child's care at least every 6 months and that overall the required semiannual reviews were prepared for about one-third of the children during the 6-month period you reviewed.

What sanctions are available for the failure to comply with those Federal rules and regulations?

Mr. AHART. Well, basically, the ultimate sanction would be to disallow the costs of the foster care of those children where the requirements of the Federal regulations were not met. To my knowledge, these sanctions have not been considered or imposed in any situations that I am aware of. My colleagues might have other information.

Mr. Seigel, would you like to comment on that?

Mr. **Seigel**. I can speak to our conversations with HEW region IX officials. We discussed this with them briefly, that we had found this, and it was more a matter of: "We will tell them to correct that," rather than disallow them money. That would be their posture.

Mr. **Miller**. So your answer would be that they have been neither considered nor imposed.

Mr. **Ahart**. That would be our impression.

Mr. **Miller**. Could you elaborate a little bit on the quality of that review? Now, you have testified in some instances the States have gone in and done the review as required; in other instances, they have received the review—I think it is in New Jersey—from the institutions themselves.

I would like to know what you found in the text of those reviews regarding the progress of the program for the child.

Mr. **Ahart**. Mr. Seigel would be the best person to answer that.

Mr. **Seigel**. In regard to the reports coming from the institutions in New York and New Jersey, there is a generally prescribed format that the State agencies were using, and what we found was varying levels of detail within the filling out of those forms. It essentially was a progress type of report, saying the child had perhaps changed behavior during the period of time, and generally had some recommendation that the child remain in care for the next reporting period.

Where we found evaluations prepared by the agencies, such as California and Georgia, in most cases what we found was a narrative of the progress of the child, usually describing the visits to the child during the period, with some kind of comment that the child should remain in care. In many instances, though, we found some comments that did not directly relate to an evaluation. They were just an update of the case and did not assess the need.

Mr. **Miller**. Well, we are going to hear later today that in a review in a single California county during a 1-month period, when the children came up for review involving 177 cases and 321 children, approximately two-thirds of the annual review hearings in California took 2 minutes or less. Only 6 percent took 10 minutes or more and the longest took 20 minutes. Nearly all of these cases were decided on the basis of a two- or three-page written report by the social worker responsible for the case, and apparently not one of them specified what was being planned for the child in the future, but was simply a narrative of what had happened since the last review period.

Is that consistent with what you found? Let us take the case of California.

Mr. **Seigel**. Yes, sir, it would be.

Mr. **Miller**. So, you are required under Federal law to present a plan and to update that plan in order to inform HEW what you are doing with that money to implement the progress of the child. But that is not in fact present at all.

Mr. **Seigel**. Just as a point of clarification, Mr. Miller, the Federal regulations say there shall be a case plan and a semiannual review, but beyond that they do not go into any detail. They do not state what a case plan should include in terms of points to cover. It does not state what should be the nature or the content of the review. Therefore, a 6-month review could be just a paper exercise.

Mr. **Miller.** Then, in fact, California can comply with the regulations of HEW by a 2-minute review in a judge's chambers.

Mr. **Ahart.** I think the answer to that is "yes" in terms of the required 6-month review. We did find in California, as we pointed out in the statement, that, with regard to the case plans for the children, California was quite deficient in that they do not prepare case plans in many instances, and in many instances the case plans were insufficient.

Mr. **Miller.** So the plot sickens here a little bit. In the case of California, you have inadequate plans to begin with. At least that is your finding.

Mr. **Ahart.** That is correct.

Mr. **Miller.** And you now have a 2-minute to a 20-minute review of an inadequate plan, with finally very little evidence that reconsideration of that plan has been given in that semiannual review.

Mr. **Seigel.** Yes.

Mr. **Miller.** I don't want to put words in your mouth.

Mr. **Seigel.** We are talking about two activities here. We are talking about the initial case plan. We are talking about the 6-month review, which is not any involvement of the court in California. What we are talking about if we talk about the court would be an annual review, and this would be only of court-dependent children.

So some of the reviews that perhaps we are speaking of would not involve the court at all. The 6-month review would have no court involvement. On an annual basis, the, shall we say, welfare department, or whoever would be the petitioner, would have to go to the court.

Mr. **Miller.** Excuse me. On the annual review, what percentage of the cases come under the annual review because of the children being placed there by the court in California?

Mr. **Seigel.** It varies by county. For example, in Los Angeles County, less than one-third of the children are eligible under the AFDC program. Most of them are so-called voluntary placements which have no court intervention. Therefore, in that county, less than a third of the children will come up annually. In another county, it could be 50 percent. In another county, it could be 100 percent. So it varies by county. Overall in California, I think around 45 percent of the children are subject to court review.

Mr. **Ahart.** But I think we would be correct in stating, Mr. Chairman, that all of the children under the Federal program should be subject to the annual court review because only those that are placed through a judicial determination are eligible for the Federal assistance.

Mr. **Miller.** Is there a trend in terms of how these children are going to be placed or how they are being placed now in regard to a search for dollars?

Mr. **Ahart.** I don't have any information on that.

Mr. **Seigel.** I can tell you about a few counties.

There is a movement toward more Federal subvention, as it is called, into the program. In New York, more children are being placed through the courts, partially for the reason that it will make them eligible in some cases for the Federal participation. Other counties—perhaps in California, for example—are now pursuing more aggressively those cases where they think they might be able to go to court and have a judicial determination to make the child eligible. So, yes, there will be an increasing participation.

Mr. MILLER. Are there instances when you try to go through the voluntary procedures, the voluntary procedures fail, so then you go through the court procedures?

Mr. SEIGEL. That is quite often the case. They let the problem get bad enough that they can pursue a court finding. In some cases, you may not have enough evidence or the situation may not be to the point where you could sustain a court action.

Mr. MILLER. Mr. Biaggi?

Mr. BIAGGI. Yes; thank you very much, Mr. Chairman. I listened to your statement, Mr. Ahart, and it seemed to me to be very condemning testimony of the abuses that we have been addressing ourselves to. It is another illustration of the Congress enacting programs and appropriating money and then leaving—just getting it out into the hinterlands and forgetting about it.

To begin with, I don't believe we have 6-month review, notwithstanding the requirement. I don't even believe we have a substantial and comprehensive annual court review. I am of the notion that these are perfunctory and routine matters.

What your testimony tells us is that our responsibility is greater than perhaps we think and that the change of policy and attitude in the administration of these programs is mandated because, unless we do that—if we simply change the law—I don't think we will attain our objective.

There should be some sanctions. My observation in connection with the whole picture is that the children are treated to a large extent by administrators as a staple product. Keep the shelves full, no matter what. And it just begs for solution.

And I am certain that your in-depth report will sustain my beliefs and hopefully we will be in a position to make some recommendations that would provide the competence to deal with the overall picture.

That is all, Mr. Chairman.

Mr. MILLER. Thank you. I would like to go back again to the question of review. If I correctly interpret your report as showing that we have a program set up basically for short-term care in a crisis situation, but that it in fact is involved in long-term confinement of the children, I want to know what percentage of the children were reported out of the system in these annual reviews. What percentage of reports said that the problems of the family have been met or the situation has been changed so that this child should be considered eligible to go back to the natural family, or the natural family wants the child back, or what-have-you? Do you have any idea or will you have in your final report what percentage of children were placed back?

Mr. SEIGEL. Mr. Miller, we are looking at children who were in care at that time, so none of them would have returned home at that time.

Mr. MILLER. I understand that.

Mr. SEIGEL. We did not collect statistics on what was the outlook for the next 6-month period. However, there were some cases where we could see some evidence that, yes, the child was hopefully going to return, but that was not very common.

Mr. BIAGGI. Will the chairman yield on that point?

Mr. MILLER. Yes.

Mr. BIAGGI. I think that is precisely the point. In addition to the existing conditions, it should be the objective of these programs to go out of business. It is attainable, but it should be the objective of these institutions and all of these programs to get those children back into an area of permanence, so that the need for the institution is no longer necessary.

As I said, it is not—I don't think it is attainable. In contrast to that, we have the practical objective to keep expanding and building and bringing more children in and keeping them in. That is the point I make.

Thank you, Mr. Chairman.

Mr. MILLER. In your testimony regarding services to the family, you say that the primary objective of AFDC is to enable dependent children to reside in their homes or those of relatives. To achieve this objective, the Federal law and regulations require the placing agencies to provide services to the families of dependent children to enable the child to return home or to the home of a relative. About 45 percent of the families were not visited during the 6-month period reviewed.

Can you explain why?

Mr. AHART. I think the general explanation that we got from most of the agencies is the caseload problem, that they just don't have time. The individual caseworker that is assigned to the case doesn't have time to do all the administrative work involved in placing the child, make the 6-month visits to the child or review progress reports adequately, as well as get out to the families to see what services they need and help them in getting the services that might make the family more stable or a place where the child could be returned to.

HEW really has not given guidance to the States or to the agencies as to what the caseload should be, what is a workable caseload, and we have found quite a range, as I indicated in my statement, as to how many cases one caseworker had responsibility for.

Mr. MILLER. So it is fair to say that, absent Federal guidelines, a State or county could properly plead caseload, and you would have to accept that as an explanation because the Federal Government hasn't told them what is an acceptable caseload for the care of these children?

Mr. AHART. That is correct.

Mr. MILLER. Did that vary in the States? I mean was California better or worse in visiting families than New Jersey or Georgia or New York?

Mr. AHART. Do we have a breakdown on that, Mr. Seigel?

Mr. SEIGEL. Yes.

Mr. AHART. I will just give you the raw statistics here. In California, going to Los Angeles County, the child was visited in accordance with State regulations in only 13 out of 49 cases that were included in our review. In Orange County, quite a bit better, 37 out of 38.

In Georgia, 12 out of 34. New Jersey, 21 out of 30. And I don't have information here on New York because of the institutions are submitting a progress report.

On the family visits, we tested it on a 6-month time frame. In Los Angeles County, they did not do too bad, 35 out of 41. In this case, Orange County was worse, only 12 out of 33. Caseworkers were working with children in one county and the families in the other, as these statistics would indicate.

In Georgia, only 13 out of 29. In New Jersey, 10 out of 23. And in New York, in this case the family visits again were performed by the institutions as a part of the foster care contract.

I might observe here and draw in on Mr. Biaggi's testimony that there is, I would think, a natural incentive, at least if it is a profit-making institution, to keep the beds full and to make money out of it.

Off the top of my head I would observe that it is kind of a conflict of interest situation for the institution that has the child and is perhaps making some dollars from the child to have the responsibility to provide the services to the family and to the child in an effort to get the child back into the parents' home.

Mr. Miller. Let me ask you in regard to the States that allow the institutions to make the annual reviews: What are the recommendations?

Mr. Ahart. I don't know if we have information.

Mr. Miller. Will you be able to provide us?

Mr. Ahart. We probably have some information in our papers on that. I don't think we have anything here this morning.

Mr. Seigel. We would essentially be talking about New York. The State had not gathered statistics in the last 2 years as to how many children were terminated, but it was the minority in the 1974 study.

Mr. Miller. To what extent?

Mr. Seigel. A large extent.

Mr. Miller. For the last 2 years, the State hasn't made a determination in New York as to what is happening? They just keep paying the bill?

Mr. Seigel. We have not seen any accounting of the number of children coming up for annual review who were terminated.

Mr. Biaggi. Would the chairman yield?

Mr. Miller. Yes, Mr. Biaggi.

Mr. Biaggi. To stay with the point that Mr. Ahart just addressed himself to, as far as keeping children in the home, I would like to elaborate on it just for the record. An administrator has a certain number of beds. He has a budget. And it is incumbent upon him to meet that budget and it is his responsibility to keep those beds full. And he does that, and, if there is any fall-off, it interferes with his fiscal program.

So, if there is additional evidence required, I just point that fact out, that we have the reason for the incentive for keeping those children.

Mr. Miller. In your testimony, you also testified as to what you found in terms of conditions at the facilities. You talked about walls with holes in them in one case. You talked about a scum-covered swimming pool. You talked about children in need of proper clothing.

What is the rate of reimbursement for the child at these institutions? Will you have that for us?

Mr. Seigel. We have that information.

Mr. Miller. Can you tell me in some of those cases what these institutions are receiving to care for these children?

Mr. Seigel. The range we observed, chopping off low end and top end, would be around $500 to $1,000 per month. Most of them that we were looking at were in the neighborhood of about $800 a month.

Mr. **Miller.** Why are you told that those conditions exist when you go to those institutions? Inadequate funding?

Mr. **Seigel.** That was not a reason given to us.

Mr. **Miller.** Well then, I really want to hear. What is the reason for the kids in need of clothes or the holes in the walls or whatever you found?

Mr. **Seigel.** In some cases, it would be age. In other cases, it was just lack of maintenance and lack of upkeep.

Mr. **Ahart.** I think really when you get in a home like that, where you find those kinds of conditions, you have to surmise that it is an attitudinal problem with the people who are in charge of running that home, how much they really care for the welfare of the children and what efforts they are making to really make provision in terms of recreational facilities, food, clothing, and all the things that make for a decent life in that home.

Mr. **Miller.** I was afraid you were going to say that.

Mr. **Ahart.** I would have to add to that. I don't think we can document attitudes. We can only document the conditions.

Mr. **Miller.** I understand. I want you to comment on the attitude of the children. I assume that some holes in the walls end up there because you have an angry clientele. But the question of whether they ought to be allowed to continue or whether they ought to be repaired, I think, is the attitudinal one that you address yourself to. It is very disturbing.

Nine months ago, this committee in its joint hearings with the Senate committee was told by John Young, who is no longer the commissioner of Community Services Administration, that his agency was involved in the development of a foster care cost assessment instrument.

I am not quite sure what that would be, but is there any evidence in your study that this has been done to provide guidelines or to assess which costs are legitimate and which are not in these institutions?

Mr. **Ahart.** I don't think we have any such evidence, Mr. Chairman. As I pointed out in my statement, the regulations that HEW has issued as to what is appropriate to include in the rates for institutions are extremely vague. It basically says only that it should not include things that are not included in payments to foster family homes and that it should not include overhead, but, beyond that, the States and the agencies have not been given any definitions as to what is proper for inclusion, what is overhead, and so on, so each State is pretty much on its own and each agency is on its own in developing some process to set a rate.

Mr. **Miller.** What did you find in terms of staff in either Washington or in regional offices that are working on this problem to give help to the States?

Mr. **Ahart.** Subject to correction by Mr. Seigel, I don't think we found any evidence of a lot of technical assistance being given to the States in this area, and I would not expect it without more definitive regulations as to just what the Government intends.

Mr. **Biaggi.** Will you yield? Just to go back a little bit for clarification purposes, Mr. Ahart, you said that you could not document attitudinal situations. The attitude of whom? The employees or the residents?

Mr. AHART. I was addressing myself to the people who are in charge of administering an institution, Mr. Biaggi, and I think you would expect to find that, if their attitude is poor, that they are really not caring people, that that would be reflected in the employees, and I would suspect to some degree would influence the attitudes and the behavior of the residents of an institution.

Mr. BIAGGI. That is what I thought you meant, and I asked the question so you could elaborate on that just for the record. Thank you. Thank you, Mr. Chairman.

Mr. MILLER. Let me ask you if you have found that there was any ongoing assessment of the process of deinstitutionalization of the children by HEW?

Mr. AHART. I know that HEW has concerned themselves with the process of deinstitutionalization of people that are in the mentally retarded, mentally ill category, but I would have to turn to my colleagues as to whether they have anything on the broader base of deinstitutionalization of people in foster care, regardless of the reason they are in that.

Mr. HORTE. We aren't aware of anything specifically in that area other than just a general format of looking into the issue of deinstitutionalization in general.

Mr. MILLER. Let me ask you something based on a couple of things you said here this morning. We have what appears to be a very inadequate review procedure; we have what appears to be inadequate State plans for the children at the outset; and we also have the case of New York where no review has been done of what has happened to these children for a 2-year period. Has HEW come in and directed that efforts be made or studies or experimentation be made as to moving these children out of what appears to be long-term care—"care" in quotes?

Mr. AHART. At the completion of our review, we will, of course, be making recommendations directed to HEW as to steps we think they ought to take. I don't have any knowledge of any specific demonstration or pilot projects that they might have underway, unless Mr. Seigel or Mr. Horte has come across these.

Mr. SEIGEL. Mr. Miller, what we have seen is outside of HEW with the LEAA. They are now getting into programs called "diversion", which are directed toward getting to them before they get to the institutions. We haven't seen any activity once they get into the institutions.

Mr. MILLER. Let me ask you if you have found any evidence of the Children's Bureau working with State and local committees to improve foster care. Is there any staff at HEW from the Children's Bureau doing this specific task?

Mr. SEIGEL. Not that we observed. We found reports being issued by the Children's Bureau. Their activities are highly related toward research, and there have been some research projects, but that is all we have observed.

Mr. MILLER. Well, let us move on. Was there any evidence that there was any staff working with the States for the adoption and implementation of the interstate compact for the placement of children, which is held out as a saviour of these children?

Is anybody in HEW in the Children's Bureau relegated to that task, that you know of?

Mr. **Seigel.** I can't comment on that.

Mr. **Miller.** I can go down this list. I dare say at the time it was the opinion of the committee that Mr. Young's testimony was a joke as to the state of foster care and what HEW was doing, and I think your report tends to confirm that. I don't want to put words in your mouth—correct me if I am wrong. You find very little evidence in the months that you have been working on this and in the 9 months since his testimony was given to this committee that HEW has done any of this. Is that a fair conclusion? I am not talking about his whole testimony. I am talking about those specific parts about staff allocations by HEW.

Mr. **Ahart.** I think, as Mr. Biaggi pointed out in his statement or in one of his remarks—I think there is often a tendency to enact a program, put out regulations, and then kind of ignore it, particularly when it is not an extremely large program in terms of Federal dollars. This is large, but relatively it is not that large. And I think, as a fair generalization, we would have to say, based on our work, that this program has been rather sorely neglected by the Federal administrators. There is not good guidance as to what the States ought to be doing. We will be making recommendations to them and hopefully we will get more activity in this area.

I don't think we are in a position this morning to comment on the veracity or the good faith of any of the testimony that you are talking about Mr. Young having delivered 9 months ago.

Mr. **Miller.** I understand. Your testimony is replete with examples of vague Federal regulations that appear to give no guidance to the best of intentioned States which are trying to carry out the law as intended by the Congress. I assume it was concern for the children that caused the Congress to pass these various statutes. And it is not our duty to affix blame at this point, but I think it is very clear that HEW leaves much to be desired in terms of helping States, those who have the desire, to provide decent short-term care.

I want to thank you again for your help and your work in this effort. I don't by any means believe that your office is finished with this task, because, as I heard your report, I also had some questions that I think need to be elaborated on. We will be back in touch with you. From my own personal point of view, if things work out well in November, I plan to be with this question for a long, long time, and I guess I am glad that I came here when I am 30 instead of when I am 60. [Laughter.]

So we will see more of you, and I want to thank you again for your help in this effort.

Mr. **Miller.** Our next witness will be Mr. Kenneth Wooden, who is executive director of the National Coalition for Children's Justice.

I would like to—well, let Mr. Wooden identify himself. I would just like to make some preliminary comments, that I think that Mr. Wooden has been one of the nagging voices of the public who has caused this Congress to react and caused various individuals involved in foster care to react, to realize the deficiencies and the inadequacies of this program.

Mr. Wooden is the author of a book called "Weeping in the Playtime of Others," which, while fascinating reading, is also frightening, and

I dare say it was his very angry voice some 9 or 10 months ago that caused this Member of Congress to be damned if he was going to let this thing drop.

So I want to welcome you to the committee again, and I know we look forward to your testimony and hopefully questions after that.

STATEMENT OF KENNETH WOODEN, DIRECTOR, NATIONAL COALITION FOR CHILDREN'S JUSTICE

Mr. WOODEN. I thank you, Congressman Miller, and I thank you for your continuing interest and I commend you for these hearings. I also commend the Congressman to your right. Living close to New York City, it has been a sad pleasure to read what has been taking place in New York City on foster care, and I commend you, Congressman Biaggi, for defending children who cannot defend themselves.

I would like to submit my testimony for the record and just make a few points to reinforce my testimony and then open it up for any questions that you may have.

[The statement referred to follows:]

PREPARED STATEMENT OF KENNETH WOODEN, DIRECTOR, NATIONAL COALITION FOR CHILDREN'S JUSTICE

My name is Kenneth Wooden. I am Executive Director of the National Coalition for Children's Justice at 66 Witherspoon Street, Princeton, New Jersey.

For the past three years, I have been travelling the country, investigating conditions in residential child care institutions, including county jails and lock-ups, juvenile correctional facilities and institutions for the emotionally disturbed, through whose doors approximately half a million youngsters pass each year. The chronic neglect and, in many cases, the outright physical abuse inflicted on incarcerated children prompted the formation of a National Coalition to focus public attention on their plight and to work with other citizen organizations to monitor and upgrade the treatment of children in public care.

One of the surprises which I encountered in my investigation was the large number of youngsters locked up and being denied their basic rights even though they had committed no crime. It has been my experience that there is little difference in the background and characteristics of these children regardless of whether they have been labelled "dependent," "neglected," "status offender," "CHINS" (Children in Need of Supervision), or "emotionally disturbed." There is some evidence that the number of youngsters labeled "neglected and dependent" warehoused in large institutions is declining but the numbers can be misleading. It is my impression that a shell game is being played with the labelling process, and that dependent children, relabelled "disturbed" or "hard to place," are being shuttled off to private, often profit-making institutions in ever greater numbers. Instead of orphanages, we now have so-called "treatment centers"—a "growth industry" which feeds on unwanted children just as the nursing home business depends for its existence on large numbers of the unwanted elderly. And, as is the case with the elderly, the systematic neglect and maltreatment of children in these facilities is being subsidized by the federal government.

The vast majority of youngsters in public care are cast-offs of an uncaring society, victims of parental neglect or abuse the effects of which have been compounded by their experiences with other social institutions, such as the schools, the courts, and even the "helping" agencies. A high percentage come from poor, minority families. Because of their early histories of deprivation and brutalization in the home, these children, by the time they come to the attention of the courts or welfare, are in desperate need of personalized care and remedial attention. Not surprisingly, many exhibit emotional, physical and mental scars from their previous battles with life which make them poor candidates for placement in a traditional foster home situation. While babies and very young children, even from minority families, have a good chance of finding permanent homes if they can be freed for adoption, older children, especially those with physical or emotional problems, are hard to place. The public agencies often don't want potential trouble-makers on their hands, or youngsters who need expensive medical treatment. Enter the child-care entrepreneur who is glad to take these children off the hands of an overworked juvenile court judge or child welfare worker—for a price.

In the worst of these residential "treatment" institutions, children are being beaten, thrown into solitary confinement for days at a time, sexually molested, injected with dangerous drugs to keep them "manageable," and isolated from friends and relatives. Even in facilities where overt forms of maltreatment are rare, the children are suffering from a kind of benign neglect. Remedial education, adequate health care, special dietary needs, appropriate psychological counseling and therapy—all are absent or present in insufficient quality and quantity. Perhaps most important, the institutional setting itself conspires to prevent these children from developing a sense of security and self-worth that can only come from personalized and loving care.

It is no accident that many treatment centers for emotionally disturbed or handicapped dependent and neglected children are located in rural parts of the country, miles away from the child's family and friends. In hearings last year, this Subcommittee heard testimony concerning the growing practice of interstate commerce in children. In my investigation I found twenty-eight states that admitted to the practice. Theoretically, the youngsters' destinations are private treatment centers where they will have a home and specialized care. In reality, this care amounts to that given to cattle or any other commodity needed to assure the continuation of a profit-making scheme. Because these human warehouses take children nobody else wants and present a surface impression of professionalism, little effort is exerted by courts or welfare authorities to ensure that children receive the treatment prescribed, and that money funneled to the operations by the states—often totalling $20,000 to $30,000 annually per child—is used to benefit the clientele, and not pocketed by the owners.

I found these treatment facilities, often euphemistically described as "ranches" or "camps," share a number of characteristics.

They often feature fancy brochures with swimming pools, stocked fishing ponds, tennis courts, etc. and guarantee the presence of full-time professional medical staff.

Their reception rooms for parents and state officials responsible for assigning children hold impressive architectural renderings of planned new facilities, most of which never manage to get constructed.

Drugs are liberally used to sedate and control large numbers of their populations.

While profits and real estate expansion mushroom, the owner is rarely accountable to anyone. Public audits are non-existent. New Jersey, the one state that now requires audits, will accept "self" audits.

Owners are, almost without exception, personable, and smooth-talking. The usually untrained and inexperienced state evaluators are effectively beguiled by the structured tour, the tea, and pleasant conversation and entertainment.

Staff turnover is high, usually around 50% annually.

The young wards are commonly referred to in the trade as "hard to place" and "not your Sunday-school kid."

It seems apparent that the vast majority of youngsters in these private treatment centers, as well as a good proportion in public facilities where different economic incentives are at work to discourage a lowering in population, are there not to ensure their own safety and well-being nor to protect society but because of the absence of alternative care arrangements and, because there is money to be made from incarcerating children.

After my years of research in this area, I am convinced that unless steps are taken to reverse the trend, growing numbers of troubled children will continue to be institutionalized unnecessarily, at an exhorbitant cost in human lives, and at great expense to the taxpayers. Over a billion dollars is spent each year on out-of-home placement of children, much of it coming from the federal government in the form of state grants authorized under the Social Security Act. By and large, money is being doled out to states by HEW with few if any safeguards to ensure that children benefit from these expenditures. In the sixties, HEW's Children's Bureau funded research efforts to ascertain the kinds and numbers of children being placed in institutions and to measure the level of care they were receiving. However, this type of basic information is no longer being collected. Until we have an accurate idea of just what sorts of children are being institutionalized and the quality of care they are receiving, it will be impossible to plan a national strategy aimed at weeding out numbers of youngsters unnecessarily confined and developing alternative placement systems. Considering the sums of money involved, it would not appear excessive for the federal government to require states to collect this information, perhaps as part of the reporting data submitted under Title XX of the Social Security Act.

In recent years, federal and state governments have become involved in a major way with the problem of child abuse. Federal funds authorized under the 1974 Child Abuse Prevention and Treatment Act are subsidizing demonstration programs around the country to develop new strategies for combating parental maltreatment of children. Unfortunately, relatively little attention is being paid to what happens to children after we have successfully protected them from their parents. It would be tragic indeed if the federal government, so intent on rescuing youngsters from abusive home situations, would stop there and do nothing to ensure that their lot is improved in public care. The recent commitment by Senator Walter Mondale and other policymakers to providing inhome services to families so that a smaller number of children make their way into the public care system to begin with will result, I hope, in increased federal support for programs like the comprehensive emergency care system developed in Nashville, Tennessee. However, it is unrealistic to assume that basic economic and social inequities which contribute to family break-ups are going to subside overnight; for the forseeable future, a certain percentage of badly-used youngsters will continue to depend for their survival on a beneficient public care system. That system is by no means in place now, and I am convinced it will take a commitment from Washington to bring all the bits and pieces together.

I realize that the demarcation of responsibility among federal, state and local government for child welfare is a tricky business. The long struggle to arrive at federal regulations covering day-care operations is ample evidence of this. Much of the effort to tighten up licensing and inspection of residential child care institutions is going to have to be directed at the state and local level. However, federal standards based on children's basic rights that do not discourage experimentation with innovative child care arrangements must be developed. Congress should consider making mandatory detailed financial audits for residential child care institutions receiving federal funds as well as the promulgation of national policy governing the use of corporal punishment, solitary confinement and the dispensing of drugs in such facilities. Instead of ceding responsibility to the courts, legislation should be enacted to ensure that children assigned to institutions, whether public or private, for the purpose of receiving specified remedial care do indeed get what was promised them, and that no dependent or neglected child is warehoused unnecessarily. To this end, Congress may want to consider requiring periodic court review of all children residing in federally-subsidized foster homes or institutions and, importantly, helping that effort along with some funds earmarked for that purpose.

At a recent conference sponsored by the Lilly Endowment, it was stated that 74% of all juvenile delinquents in New York City were from approximately one percent of all the families in that large urban center. I suspect we are dealing with a similar situation with regard to noncriminal children who enter the public care system. The existing disarray of services for these youngsters and their families needs to be restructured and consolidated, perhaps under a Family Crisis Intervention Service which could act in communities as an information and referral center integrating a variety of support services (child protection, family planning, drug and alcohol abuse counseling, etc.) aimed at keeping families together.

The federal government can do much more than it is doing now to encourage the development of alternative care arrangements. For many older children with emotional or physical problems, traditional foster care is not the answer. Funds should be made available to states for subsidized adoption programs aimed at finding permanent homes for older, hard-to-place youngsters. Small group homes for youngsters in long-term care who are not likely to escape through the adoption mechanism can provide stable, family-like environments at less cost than it takes to keep a child in an institution. Reputable well-established programs run by Pennsylvania's Elwyn Institute and the Menninger Foundation are showing the way.

In closing, I would like to caution members of Congress on the pitfalls inherent in a piecemeal approach to the complicated problems of children in public care, especially where large sums of federal program money are involved. Picking one aspect of the problem to deal with—whether it be adoption, child

abuse, foster care, etc.—leads inevitably to a bunching up of limited financial and human resources around that issue, and a corresponding lack of attention to other areas of need. Today we are reaping the harvest from a child care system that has been allowed to grow topsy turvey with no underlying philosophy to bring the various pieces together. In order for the federal government to play a role in bringing some coherence to the current child care picture, it will have to first get in hand its own procedures for developing, initiating and overseeing policy affecting children and youth. It is hoped that Congress can make some progress in this direction in the next session starting with its own committee organization system.

The children are waiting.

Mr. Wooden. I would like to give a little credit to a young girl who opened my eyes to the interstate commerce of children. She was labeled retarded. She was sent from Kansas to the State of Texas to a facility that about 6 months prior to that was a nursing home and then it became Cinderella Hall for children.

She gave me some poetry that she wrote, and there was one line that was very moving and very accurate. She said: "From the cities dark and gray, they send their children far away," and that opened my eyes to my own former State of New Jersey where they ship 1,400 kids away to 19 different States, to 95 institutions. It opened my eyes to Idaho shipping kids to Virginia, and Virginia shipping kids to Idaho—to around 15,000 kids that are being sent on jets all around the country and kept in facilities that leave much to be desired, facilities that have certain common characteristics. And I would like to read from my testimony those characteristics and then I would like to get into some of the conditions that I have found.

Basically, they are called "youth homes" or "ranches" with fancy names like Cinderella Hall or Pleasant Valley or Happy Days. They have fancy brochures with swimming pools and stocked fishing ponds and tennis courts and the guarantee of the presence of full-time professional medical staff. They are not photographs of tennis courts or swimming pools. They are drawings. And, when you go there, they do not exist. Or else a stocked fishing pond is a mud pond. The reception rooms for parents and State officials responsible for assigning children hold impressive architectural renderings of planned new facilities, most of which never manage to get constructed, most of which are faded by the Sun over the years.

Drugs are used commonly to sedate and control large numbers of their populations. Hard drugs are used to sedate kids that are in there for smoking marihuana.

The owners, a lot of which I have seen and talked to, almost without exception are smooth-talking businessmen. They make no bones about it. The usually untrained and inexperienced State evaluators are effectively beguiled by the structured tour, the tea, the pleasant conversation, and the entertainment.

The staff turnover is high, usually around 50 percent annually.

The young kids are commonly referred to as "hard to place" or "not the Sunday school kids".

Lastly, while profits and real estate expansion mushroom, the owner is rarely accountable to anyone. Public audits are nonexistent. New Jersey, the one State that now requires audits, will accept self-audits. New Jersey is now getting into a monthly auditing report, and it is because of that type of monthly auditing report that they have detected one owner in New Jersey buying two very expensive automobiles which had little, if anything, to do with the treatment of children.

At this point, Mr. Chairman, I request the remainder of my written statement be included in the hearing record. I would like to take a few minutes of my allotted time to talk about some of the children I met during my investigation and to describe the conditions in which I found them.

I would like to use one facility which I went into about 3 years ago and a facility that I went into about 3 months ago, and sadly illustrate that little, if anything, has changed in the case of these children that we are paying a lot of money for.

In one place, in Tyler, Tex., there was a young girl from New Orleans. She was in a bunk bed in a very large room, a room that housed roughly 12 to 16 girls. And there were no windows in that room and there was a lock on the door. She looked at me when I went in and she said: "What am I doing here?" And I could not answer that question, and that question is constantly being asked by kids saying: "What am I doing here?" Kids who are supposed to be mentally disturbed, but, for some reason, are not that mentally disturbed that they can take care of the profoundly and severly retarded children for 52 cents a month or maybe a high of $10 a month.

The girl from New Orleans had blankets over her and she was cold and the temperature was 92 degrees. And I went back to New Orleans and I wanted to know why they were sending children there, and hopefully *Gary W.* v. *Louisiana* will answer that.

There was a boy in the same facility in another wing of the building, from Illinois, and he was in a bunk bed. At the foot of his bed was a large can with a dead catfish in the can. And the owner of the facility, who a year prior was a Federal drug expert and putting out a drug magazine in Tyler, Tex., and receiving Federal moneys for drug abuse, and who now is a child care expert, said to me: "That is a very strange boy. He goes fishing and he only catches one fish and he brings it back and he tries to keep it alive as long as possible."

They are lonely. They are neglected. They are abused by heavy drugs, and, like in Michigan and Pennsylvania and in almost every facility I visited, solitary confinement is a common practice. Not sending them to their rooms for an hour or two if they act up, but placing them in the closets and the solitary confinement halls, placing them in there for days and even weeks at a time for minor infractions.

There was one place in Pennsylvania, a place I visited recently, called the George Junior Republic, where in each cottage the boys would be sent down to the cellar for prolonged periods of time with nothing to do, absolutely nothing, 8, 10, 12 hours.

And in one of those cellars, there was a room, a small closet, and inside the closet were the dates and the names of kids who spent solitary confinement time there. And the young boys wrote on the outside of the door, quite appropriately, "The Charlie Manson Room."

I found that in the facilities, especially in Texas, there is just utter contempt for families or what is left of a family. There was one case of a child dying and the parent was notified 3 weeks later after the death and after the burial.

In my opinion, aside from the physical horror that they endure and the psychological horror, the horror that horrified me was the overkill of Government and the lack of Government accountability.

A recent example was in California where, because of economy, political economy, the Department of Health was cut back to such an extent that, until very recently, the owners of the private facilities could go to California, could certify themselves by mail and say that they have read the licensing procedures and they comply with them.

I submit to you, Mr. Chairman, not sarcastically, but I submit to you that is like putting Dracula in charge of the blood bank.

The Federal Government is not providing accountability and auditing of Federal programs, and those that are dishonest and those that are shady will take advantage of it.

I find it incredible that, when I was working in Virginia, Virginia was holding hearings on title XX on what to do with their $6 to $7 million, and people flew in, the owners of private facilities, and they attended that meeting. They knew when the States held their meetings, and they are very interested in certain States like Virginia, because in Virginia, when I was there a few months ago, you could purchase a facility and not be accountable to anyone. No audits are required.

There are certain characteristics of certain owners of child care facilities where no audits are required, and those characteristics go like this:

You have a young staff that is paid less—about $5,000 a year each. You have food that is inferior and starchy. You have facilities that are not that great and not that clean. But you have incredible real estate investments and a few people are growing very wealthy at the expense of the taxpayer, at the expense of the child they are supposed to help, and at the expense of young people, college graduates, that go into those facilities with idealism and a desire to help and thinking they can help and then burning out and moving on to other jobs.

I make a very passionate plea that you require audits of these private child care facilities, because someone like myself or the good reporters and the media—they can look at an audit and they can make a determination as to how much is going for treatment and how much is going for profit. An audit can tell us much. Without that kind of information, we are left in the dark, like the children that they are supposed to help.

Before I forget, I would like to read into the record a quote. It is a quote that was made many years ago. I think it is very appropriate for children in this country. It was a quote by Chief Joseph and it is a quote that I would like to leave for the record for the Congress of the United States:

> Good words do not give me back my children. Good words will not give my people good health and stop them from dying. Good words will not give my people homes where they can live in peace and take care of themselves. I am tired of talk that comes to nothing. It makes my heart sick when I remember all the good words and all the broken promises.

The Champus scandal was a product of the Congress and no accountability. The banishment of children, to a large extent, is the product of a Federal Government and State Government and no accountability. We are talking about the nursing home scandal, but in a different perspective. We are talking about a scandal of young children, not old people, being warehoused, young people in the springtime of their life that are being totally exploited, while a few grow fat and are accountable to no one.

Thank you, Mr. Chairman.

Mr. Miller. Thank you. If we had the leadership of the Nez Perce Indians, we might be a lot better off.

In your book, you give a great deal of attention to a problem that has disturbed many of us who are concerned in this field, and that is the question of the status offender. But that is even one level above what I believe is the reason for the operation of this Federal program. That is that somehow a child is caught up in a situation over which that child has no control, either because of marital problems in the family, financial problems in the family. There is some kind of situation taking place in which the State ought to step in and protect that child.

I think it is important if we are going to talk about specific homes and specific institutions, if you can clarify the makeup of those institutions for us. The rationale has been given to me and to members of this committee that, as you say, these are hard kids, these are hardened cases. I mean there is no question there are some bums at 15 years of age. But there are also children who have been picked up, taken from the home for their own protection, and somehow find themselves in Tyler, Tex., or elsewhere, and become a hard case through Government scholarship.

I want to try, if we can, to separate the caseload that is involved in some of these homes. You have some cases where, you have the mentally retarded, the profoundly retarded, and the handicapped. In another instance, you have children who are legitimate foster care children. Then you have some who simply have gone through all the juvenile justice systems in a given State and are placed out of State.

Could you delineate for us the makeup of some of the homes that you have visited, and some of the children which you talked to?

Mr. Wooden. It is very difficult, Mr. Chairman, to give you a clear answer because a lot of the facilities that I visited are hustling a fast buck, and, therefore, they will take a mixed bag of children.

I have seen facilities where you have severely and profoundly retarded children; where you have simply dependent, neglected children; where you have status offenders, a child who is truant from school too often or a runaway; and where you have felons, where you have kids who have committed armed robbery; all at the same facility.

So it is really difficult to say that some facilities are there just for the retarded, some that are just for status offenders. Those that are taking the fast buck will go after Champus kids because there is a lot of money there, and they don't care if it is an armed robber or a status offender. They want a whole bunch of kids as soon as possible, and they will then create what I call a veneer of treatment. They will bring people in to be the professional staff to take care of those children. Rarely, if ever, are they full time.

So it would be hard for me to answer that. And the good facilities that I visited—for example, one that gave me hope from so much despair was a facility in Topeka, Kans., called The Villages, headed up by a giant of a man in psychiatry and concern, Dr. Karl Menninger. All the kids in those homelike facilities—incidentally, they are much cheaper to run than the reform schools—$17 a day compared to $40 a day. All those kids are dependent, neglected children. Unfortunately, they do not have parents. Well, Dr. Karl Menninger has provided people who act as parents in the loving, warm, homelike situation. OK.

They are all dependent, neglected. That is a good program. It is designed for dependent, neglected children.

Mr. BIAGGI. In your reference to Dr. Karl Menninger, you struck a note. I think we have a responsibility as a committee and as people who are concerned with this cause to point out that we do have many, many good institutions, many, many people who are dedicated and committed. They will unfortunately have to suffer the fallout created by the testimony at these hearings because of the abuses of some.

But to continue into the hearings without making reference to those who are doing a good job would indeed be performing a disservice, and I cannot emphasize enough that we do have institutions and people who are completely dedicated and who do an excellent job. It is just, as I repeat, unfortunate that they will have to suffer at least temporarily.

Mr. WOODEN. I agree and there are good people that are trying to do a very good job, and I would hope that they would lead in the fight to get greater accountability in their profession. I am sure that the good people who are doing a good job would welcome the media, the press, would welcome people like myself to come in and see their programs.

But I think we would do a greater disservice if we leave the impression that there are a few abuses in a large, expanding industry, without dwelling on those abuses. I think the abuses are growing. I think the profits are growing. And the number of children who are being incarcerated in these commercial jails is growing.

One example—one area that really disturbs me are the learning handicapped. I mean that is a fancy new label for a kid who cannot read and write, and I have seen them in increasing numbers in facilities. According to data collected by the National Council of Juvenile Court Judges, there are roughly 500,000 children that are now labeled with learning handicaps that are subject to interstate commerce, that are subject to these institutions, and that are now filling these institutions.

Mr. BIAGGI. You testified earlier about children being transported from one State to another. Could you give me more details about how that occurs and between what—let us go to the genesis.

Mr. WOODEN. There are some States that are exporters and there are some States that are importers. The importers are States with very loose licensing laws and standards. It doesn't require much to open a facility. It doesn't require a lot of professional staff, and things of that nature. Pennsylvania is a leading importer of children. The State of Florida is an importer. The State of Texas is an extremely large importer. Virginia is both an importer and an exporter.

Mr. BIAGGI. How do you account for that?

Mr. WOODEN. Very good question. I don't know, except they have a lot of kids to send out of the State and they collect a lot of kids in the State. Like I said earlier, Virginia sends them to Idaho and Idaho sends them to Virginia.

The States that are the large exporters—Illinois is very, very large. New Jersey is very large. Virginia is very large. They claim, those three States—and there are a few others—they claim that they do not have the facilities within their States to care for these disturbed children, these emotionally disturbed children. Therefore, new State and Federal moneys are needed for them to get special treatment.

New Jersey, for example, passed an act called the Beetleson Act, which is special education money, and almost all the kids from New Jersey that are shipped out of the State—Beetleson money goes with them, which is very interesting because most of the States will then take a kid and place him in the public school system of that State and that State will pick up the educational tab, whereas the State is already sending money for the educational tab, and I have suspicion, if you would look at the school that the kid originated from, they are still carrying the kid and they are picking up Federal and State money. So there are probably three sources or means of making revenue, and the kid still can't read or write.

Mr. **Biaggi**. Thank you, Mr. Chairman.

Mr. **Miller**. Would you tell us what you found in those States that have subscribed to the interstate compact? Explain how treatment is different, if it is.

Mr. **Wooden**. That was a disappointment to me because I felt that, if all 50 States were part of that, there would be greater information known about the amount and where they are going and all that. Virginia is a member of that. Yet, Virginia could not tell us how many kids are being shipped out of their State because the department of public welfare is shipping them out, the city of Richmond is shipping them out on their own, Virginia Beach is shipping them out on their own, other departments—educaton is shipping them out on their own. There is no coordination. There is no knowledge of total numbers nor money.

So that was a keen disappointment. I would have hoped that, if a State became a member of the interstate compact, then we would be able to know and have more information, and I still have that hope, if the States can only get their act together and their numbers and their money and be more accountable to the public. And that is why I think the Federal Government has a role. Right now the States are not accountable in terms of moneys and kids, and someone has to set the standards, and I think that someone is the Federal Government.

Mr. **Miller**. Can you tell us, to the best of your knowledge, who retains the jurisdiction over those children when they leave the State? In terms of annual review, and in terms of programs for the improvement of care and treatment of the children, is it the exporter or the importer?

Mr. **Wooden**. It is the exporter who has the responsibility, and many of the contracts that entrepreneurs enter into clearly state that evaluators from the sending States can come down and evaluate. However, that falls short because many of the evaluators are not trained, do not have the experience, and, because of an economic crunch at the State level, trips down to Florida or to Arizona or to California or to the hidden island, Puget Sound—those trips are being curtailed or cut short. Some children from New Jersey told me that they had not seen anyone for 3 years from their State.

Mr. **Miller**. New Jersey was given as an example, in the GAO testimony this morning, that would accept institution evaluations and progress reports. Is that common in the case of children who are placed out of State?

Mr. WOODEN. No; I don't think so, but I do commend Jersey now. Jersey prior to a year or so ago was very lax and very poor, and Jersey now is leading, I think, the country in financial accountability, and they should be commended. Again, within the State of New Jersey and without, the owners must submit monthly reports on what they are doing with the money, and I think that is commendable because there was one audit I was in Texas, where under "Other" they had $990,000.

Mr. MILLER. For the record, Illinois also has recalled a large number of its children from the State of Texas. I just wanted to make that clear. I don't know if it was brought about by a lawsuit or what-have-you.

Mr. WOODEN. Yes; a young attorney, Pat Murphy, a legal aid lawyer, simply went down to Texas and evaluated those facilities and sued the State, and they brought them back. Mr. Chairman, a very interesting study came out of that from Northwestern University. They studied close to 300 of the returning children and found out they were better off at home than down in five profitmaking facilities with interlocking boards of directors.

Mr. MILLER. How many institutions have you visited?

Mr. WOODEN. Around the country, roughly from 150 to 175 over a period of 3½ years.

Mr. MILLER. How many of those in your own opinion would you classify as inadequate?

Mr. WOODEN. Most of them, if not all of them. An institution simply breeds an institutional child.

Mr. MILLER. As one who at one time in his life was the subject of labeling, tell me this. In your opinion did you find a number of children who were there because they were mislabeled, either educationally handicapped or emotionally disturbed or culturally deprived or whatever the names are?

Mr. WOODEN. Most of them are extremely poor readers and, because they are poor readers, they do very poorly on IQ testing, and, if you do very poorly on IQ testing, you are subject to a label from "mildly retarded" to "marginally retarded" to "dull" and "slow." And that is the subject of a brandnew industry unto itself, the educating of the educationally handicapped with machinery and new publications, when what you really need are concerned human beings who will tutor children one to one like in Minnesota, Mr. Chairman, where, instead of shipping kids across the country, 1,500 miles or 2,000 miles, to learn to read and write, they bring in senior citizens as volunteers, and senior citizens sit down with the children and they learn from each other and they benefit from each other. We need more programs like that and less jetting around the country.

Mr. MILLER. Mr. Biaggi.

Mr. BIAGGI. You stated that, in response to the chairman's question as to how many institutions you have visited and how they were, that most, if not all of them were inadequate. Then you went on to say that an institution provides an institutional child. Is that product the basis for your condemnation of those institutions?

Mr. WOODEN. Well, I condemn them far and above just producing an institutional child. I condemn them for the overkill, solitary confinement, which Charles Dickens called the worst form of human punishment known to man.

Mr. **Biaggi**. Do all of those that you visited have that solitary confinement practice?

Mr. **Wooden**. Just about every one I visited had some form of solitary confinement, from an iron cage in the cellar to a room set aside with nothing in the room, maybe a toilet. All of them—and I believe during the Champus hearings, it was brought out how some of the private facilities—they would know when the Champus investigators would come to visit and they would simply dismantle the solitary confinement sections and make them into reading rooms. Then, when the Federal inspector would leave, the 2-by-4's would go up and the isolation would continue.

Mr. **Miller**. A couple more questions, Ken. If these children in part are there, as you would allege, because they are dull, or poor readers, or slow, or educationally handicapped, what is the relationship between their specified problem of record, and the treatment and the care that is provided them? The concern and the theory under which this committee is looking into the subject is that there is a deprivation of their right to an education.

Mr. **Wooden**. At the risk of oversimplifying, there is clear evidence from the academic community that, if a child cannot read or write, the chance of being a violent person is far greater than in someone who can read and write. It has been proven in a few training schools in this country, especially one in Tennessee where a group of kids who were described as very violent and would act out—over a period of 6 months, they were taught in a very creative method to read and write, and, when they acquired that skill and that dignity, the instances of punching and assaulting someone went to zero.

I cannot help but believe that, if we can teach someone to read and write—teach them those basic skills which educators are being paid a lot of money to do and failing to do, that we would have less crime.

Mr. **Miller**. Is it correct to assume, given what appears to be a requirement of Federal law, that the institutions you visited were nonprofit institutions?

Mr. **Wooden**. Both. There were nonprofit institutions and profitmaking institutions. Many of the nonprofit institutions were nonprofit, profitmaking institutions.

Mr. **Miller**. Finally, I would just like you to comment again. My concern and, I think, the concern of Mr. Biaggi and the committee is the compounding that takes place. I know that your book is replete with examples of the child who probably showed the good sense to run away from an intolerable situation, or the child who was labeled, somehow, in our education system as suffering one of a number of vogue handicaps. What happens in the treatment of those children? What is the end product by the time they either reach the age at which they can opt out of this system or, for some reason, are returned home or to some other stable situation?

Are we clear in understanding that you might have a person who is a status offender, a truant from school, a runaway from home, or educationally handicapped and you find a whole series of treatments and punishments that are unrelated? The question of whether or not you can make hospital corners on the bed, whether or not you can sit on the bed prior to the time that you are actually going to sleep in the bed, all of these disciplinary actions are imposed. What is the impact on those children that you had a chance to deal with?

Mr. WOODEN. Well, that is why I made the statement that I did not see many good institutions because the institutions create that chemistry for violence, that conformity, that mediocrity of institutional rules, and it does not address itself to the problem facing the child.

I did not see one decent educational program in any of the institutions that I visited across this country. By decent educational program, I mean where they sit down with the child and they improve their reading level to the point where they can read or continue or go to college or go to a vocational school where they can make good.

Most of the educational programs were teaching machines that were not used, publications so obvious that they were not used. It was a veneer. As the commissioner of corrections in the State of Vermont said to me, most educational programs in institutions are mere ornaments, like ornaments on a Christmas tree. They are just there for show. They have no effect. His name is Commissioner Stone.

Mr. MILLER. Finally, it has been held out to this committee that perhaps we are venturing into an area where we really don't belong. There are a number of associations that govern the operation of these homes which provide peer review. They require certain standards in order to belong to that association. Participation in these various associations is held out to the States as a reason why this is an accredited institution. If they were to provide less than adequate care, they wouldn't receive the accreditation or be allowed to continue their participation in these organizations.

Did you find any evidence of peer review, of policing by these private organizations made up of providers of care?

Mr. WOODEN. I am sad to report that I did not find peer review that was adequate to protect the child from solitary confinement, from drug abuse, from psychological abuse, from physical abuse. In fact, when I visited the headquarters of the Joint Commission on Hospital Accreditation, with Peter Donner, an excellent reporter from the Chicago Tribune, and a superb lawyer from DePaul University whom you know, we were told that, when the peer reviewers go out, they are required not to talk to children. They are instructed not to talk to children, the Joint Commission on Hospital Accreditation.

Now, how in God's name can they find out the treatment if they cannot talk to the children?

Mr. MILLER. We will leave that one open for a while. [Laughter.] I want to thank you very much, Ken, for your testimony. Unless Mr. Biaggi has any additional questions——

Mr. BIAGGI. No. I would like to commend you for all of the work that you have done, not simply for your testimony which is most meaningful and impressive. It is people like yourself who have committed themselves that really give hope to a lot of us.

Thank you.

Mr. WOODEN. Thank you. And I commend both of you for the work that you are doing and I hope for the work that you will continue to do.

Mr. MILLER. Now that we have commended one another, our next witness will be Dr. James Gordon, research psychiatrist and consultant on alternative forms of service for the National Institute of Mental Health.

Dr. Gordon, you may proceed as you like. Your statement will be included in the record in full. If you would like to summarize or draw upon what has already taken place in the committee this morning, feel free to do so. Obviously we have some time problems, but we want to give you the full time you need.

[The statement referred to follows:]

PREPARED STATEMENT OF DR. JAMES S. GORDON, NATIONAL INSTITUTE OF MENTAL HEALTH

This society simply does not know what to do with its young people. We call them adolescent, a cumberous Latin name which in common use has become more diagnostic than descriptive. We teach them badly and conclude they are stupid. We make it all but impossible for them to find work and then decide that they are lazy. We tell them to grow up and yet treat them as if they were small children. The foster care system we have developed—or rather allowed to develop—for these young people is simply one more reflection of our confusion and indifference and, yes, our fear of and contempt for them.

In the colonial era orphans and chidlren whose parents could not support them were "bound out" as apprentices[1] to nearby families which could profit from their presence. With the rise of urbanization and industrialization in the early 19th century this process was institutionalized: In small towns children were auctioned off at "vendue" to whoever could keep them with the least expense; in cities they were confined first with paupers, the mad and the chronically ill in alms houses,[2] and later in institutions specifically set aside for them—orphanages, "schools of reform" and "houses of refuge."[3] By the early 20th century a national policy of, to use Theodore Roosevelt's word, "conservation" has been inaugurated: First state and local and then national legislation was passed to help sustain children in their own homes,[4] to provide public funds for individual placement outside the home.[5]

These reforms prompted attempts to understand children as people with their own ways and needs, and efforts to treat them according to some general notion of "their best interests". Sometimes children have benefited from this increased attention: Aid to Families of Dependent Children payments have made it possible for some poor women to care for their young at home; removed from obviously abusive families some children have thrived in foster homes. All too often these attentions have been inadequate, arrogant and misguided, a plaster covering children's problems rather than a cure for them: AFDC payments keep their recipients—children and their mothers—in a pauperized as well as a dependent state; foster placement is all too often lightly undertaken, the homes to which children are sent poorly chosen and badly supervised.[6]

For young people between the ages of twelve and eighteen the situation is even more bleak. They are old enough to know if they are wanted and cared for at home, resourceful enough to cast about for alternatives if they are not. But the efforts that they make to change or protest against their particular homes are all too often interpreted as indications that they can live in no home.

A common form of protest is running away. Each year between 600,000 and 1,000,000 young people run from their homes.[7] Instead of understanding that this act may be a reasonable response to an untenable family situation, that it can be a sanity-saving maneuver and a catalyst to a family change, the juvenile justice system labels it as a "status offense" (a crime like "truancy" and "incorrigibility" of which only minors can be convicted) and psychiatrists make of it a diagnostic category. As a result large numbers of these young people are confined in mental and penal institutions.

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[1] Bremner, Robert H., et al. (ed.). Children and Youth in America: A Documentary History, 3 volumes. (Harvard, 1971), Vol. 1, pp. 64–71 and 103–184.

[2] Ibid, pp. 262–281.

[3] Ibid, pp. 559–670.

[4] Bremner, Vol. 3, pp. 519–609.

[5] Ibid, pp. 610–634.

[6] For an excellent review of some of the inadequacies, see: Monokin, Robert, "Foster Care—In Whose Best Interest?" Harvard Educational Review, Vol. 43, No. 4, November 1973, pp. 599–638.

[7] "National Statistical Survey on Runaway Youth," June 1976. Office of Youth Development, DHEW.

Many of these young people have never had the opportunity to live in a noninstitutional alternative situation: Those states which classify status offenses as delinquent acts automatically exclude the young people who commit them from foster care; those jurisdictions which have recruited few foster homes send young people who will not live at home—whether delinquent or not—to institutions.

In localities where foster care is available, placement is often selective, sluggish and inefficient. Again and again I have been told by social workers that one or another youth is "not suited" to foster care: He is "too aggressive" or "independent;" she is "too sexually mature," too "streetwise" or "too disturbed". A Mississippi social worker wryly summed it up: "Well, if he's got blonde hair, blue eyes, a good complexion, and good grades in school you might, just might, find a place for him to stay." While they wait—often weeks and months—for these rare placements, some young people come to feel as neglected by social workers as they do by their family: Many, growing restive, anxious and angry commit thoughtless and impulsive acts; then they too are labelled and confined as mentally ill or delinquent.

In those jurisdictions where young people are promptly placed, social workers are still struggling with confused and contradictory rationalizations about what they are doing. The "ideal" foster family is believed to consist of a married couple, preferably with children, who can fulfill "parental" roles toward their foster child; but the workers who seek out such homes usually believe that foster care with such "parental figures" is "inappropriate" for adolescents.[8] [9] Caught between theory and necessity, case workers place young people in homes they believe to be inappropriate with foster parents who, in most cases, would have preferred a younger child. It is no wonder that young people so rarely "work out well" in these homes.

Several decades ago social work agencies began to open "group foster homes", community-based living situations in which five to ten young people lived with several "child care workers". These group foster homes, often using a psychotherapeutic or behavior modification approach, attempted to help young people "adjust" to society. They were thought by their originators to be specifically suited to "adolescents" for whom they provided a compromise between the intimacy and dependence of family life and the independence of adulthood.[10] [11] [12]

Though group foster homes represent a significant conceptual and practical advance over institutional care, they are not a panacea. All too many of them have come to resemble in miniature the hospitals and reform schools they were designed to improve upon. It makes no more sense to send a young person to a group foster home that is as rigid and as regimented as the institution he or she has just left than it does to consign young people to foster families which closely resemble the ones they could not get along in.

Instead of sending young people to the settings which are now available—be they institutions, foster family or group foster homes—they need to have available to them the kinds of settings that they genuinely want to be in.

During the last ten years thoughtful and energetic youth workers have begun to create alternatives to institutions and life on the street, to traditional foster home care and traditional group homes. Initially they opened runaway houses, protected and supervised alternatives where young people could find sanctuary from a street life which made them vulnerable to exploitation as well as to arrest, institutionalization and involuntary return home. Runaway house workers gave the young people who came to them the kind of respect that they rarely experienced in the adult world or from its institutions or professional helpers. They believed that young people were capable of making the decisions that affected their lives and that they would function most successfully in a setting where their capabilities were respected. The runaway house counselors sympathized without being sentimental, gave advice when asked but refused to label or coerce their young clients or to "do things for (their) own good".

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[8] Wolins, Martin, and Piliavin, Irving. Institution or Foster Family: A Century of Debate. (Child Welfare League of America, 1964.)

[9] Charnley, Jean. The Art of Child Placement. (University of Minnesota Press, 1955)., as cited in Berlin, Marlene, "Foster Home Care for Adolescents," unpublished.

[10] Fisher, Florence M. The Group Foster Home: An Innovation in Child Placement. (Child Welfare League of America, 1952.)

[11] Gula, Martin. "Group Homes—New and Differentiated Tools in Child Welfare, Delinquency and Mental Health," pp. 393–402. (Child Welfare, October 1964.)

[12] Scher, Bernhard. "Specialized Group Care for the Adolescent," p. 12–17. (Child Welfare, February 1958.)

After a few weeks at a runaway house, some individual counseling and some follow-up work with them and their families, many young people were able to return to an improved home situation.[13] [14] Others realized that neither they nor their parents could elude the futile destructiveness which had originally forced them to leave. And still others discovered they had no home to return to.

Over the last several years workers in some runaway houses have created long-term alternative living situations—both individuals and group foster homes—for those young people who absolutely could or would not return home. Among the most interesting of these programs are San Francisco's "Alternative Living Program", Operation Live-In, a program of St. Louis' Youth Emergencies Service, the Foster Care Section of Seattle's Youth Advocates, and the group homes and foster care program of Washington, D.C.'s Special Approaches in Juvenile Assistance. Instead of regarding young people as children in need of parents or as deviants in need of therapy or reform, workers in these programs have elected to work with young people as partners in cooperative ventures and as younger brothers and sisters. In the group foster homes they created, young people participated in making all significant decisions—about hiring of counselors, framing of budgets, admission of new residents, hours of curfew, etc. Runaway house workers recruited foster homes that were suited to the needs of particular young people: Couples who definitely wanted a troubled adolescent; single people, some of them just a few years older than their foster children who remembered an older person had once been of great help to them; groups of unrelated people living together who wanted to "have contact with the next generation".

At first most social service departments were wary of these programs and their nonprofessional workers. But their enthusiasm, their willingness to work with young people whom everyone else had given up on, and their low cost made them an obvious "last resort". The group foster homes functioned at one-third to one-half of the expense of the residential treatment centers to which young people might otherwise be sent, one-eighth that of a psychiatric hospital. The foster placement program—which included careful selection and training and weekly supervision—cost still less.

Over the last five years I have had the opportunity to get to know many young people in these alternative living situations. In the context of these group foster homes and individual foster placements young people who would otherwise or already have been institutionalized—as "chronic runaways", "psychotics" or "incorrigible behavior problems"—have functioned as members of a household.[15] Given responsibility in a home where they are wanted, they tend after a while to act responsibly; given power over their own life and living situation, they tend to use it wisely.

As the young people have grown older the majority of them have reestablished relationships with their natural parents. Free from the necessity to live with and obey people whom they experienced as oppressive or unconcerned, they have achieved a perspective from which they can understand and like them "as people". The independence they have won and the respect which they have been shown in their alternative living situations seem to have helped make it possible for them to learn to respect their parents.

CONCLUSIONS AND RECOMMENDATIONS

There is obviously a great need for services which will enable young people to stay in their homes. We need family counseling programs—both in and out of runaway houses—which understand the needs and rights of young people and at the same time refuse to focus blame on either young person or parent. We need a social work which will help nuclear and single parent families to call on or create extended families and supportive networks in their communities. But there is also a need for services for those who simply can't live at home.

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[13] Ohlin, Lloyd E., et al. "Radical Correctional Reform: A Case Study of Massachusetts Youth Correctional System," pp. 74–111. (Harvard Educational Review, Vol. 44, No. 1, February 1974.)

[14] Gordon, James S. "Working with Runaways and Their Families: How the SAJA Community Does It." (Family Process, Vol. 14, No. 2, June 1975.)

[15] Gordon, James S. "Alternative Group Foster Homes: A New Place for Young People to Live." (to appear in Psychiatry, Vol. 39, No. 4, November, 1976.

We do not need to embark on costly and time consuming studies of "the problem". There is no way to tell how many of the hundreds of thousands of young people who are currently in institutions could live in group foster homes or individual foster placement until we provide them with the opportunity to do so.

In order to facilitate this process several steps should be taken:

(1) Young people should be granted full legal rights. Though the 1967 *Gault* decision extended some adult legal rights to young people, they are still, in the eyes of society and the courts, very much on the defensive. They may be held in jails without having formal charges against them; in mental hospitals without being declared a "danger to themselves or others;" and in institutions for status offenses without having committed a crime. If they were legally empowered, young people would be in a position to negotiate for what they need. If status offenses were eliminated as a category, then states, bereft of easy institutionalization, would have the obligation to find other alternatives for young people.

(2) To make this increased freedom meaningful more support would be necessary for the programs from which young people seek help. Title III of the Juvenile Justice and Delinquency Prevention Act of 1974 now provides funding for some 132 runaway houses. It should be amended to include support for the group foster home and foster home care programs which these runaway houses have developed, to encourage those runaway houses which do not have them to develop similar "after-care" programs.

(3) To facilitate the development of these programs, changes must be made in the regulations which govern foster placement and the establishment of group foster homes. The authority to place young people—and payment for their placement—should be extended to those agencies to which young people already have given their allegiance: Restricting foster care licensing to established agencies perpetuates a vicious cycle of inappropriate placements. Similarly, these agencies should be free to license as foster parents those who can live and work well with young people: No one should automatically be excluded because of age or sexual prference or life style. At the same time, zoning requirements should be amended to meet the needs of young people, not tightened—as many communities have recently been doing—to restrict their placement: Group foster homes should not be allowed to be excluded from communities which want to ignore the problems of their young people.

Enacting these recommendations would bring about concrete and hopeful changes in the lives of many young people, would indicate a renewed societal respect for their rights and futures. But changes in living situations, no matter how responsive, will not in themselves guarantee long-term changes in young people's lives. If we are sincere about our commitment to the young, we must also offer them the opportunity for a decent education, the possibility of meaningful work and the promise of a future in which they will, perhaps more wisely, raise their own young.

STATEMENT OF JAMES S. GORDON, M.D., RESEARCH PSYCHIATRIST AND CONSULTANT ON ALTERNATIVE FORMS OF SERVICE, NATIONAL INSTITUTE OF MENTAL HEALTH

Dr. GORDON. Thank you, Mr. Chairman. I am very glad to be here today. First, I have to make a disclaimer. Although I am at the National Institute of Mental Health, I am not necessarily speaking on behalf of them and my opinions don't necessarily reflect theirs.

With that disclaimer, let me say that it has been very good for me to be here this morning and to in some sense kind of move out of the day-to-day work that I do and listen to other people who are trying to grapple with the same kinds of problems that I and the people I work with have been trying to grapple with.

What I would like to do, in that spirit of moving out of my day-to-day work, is to talk a little bit about some of the different problems that young people, whom we generally call adolescents or teenagers—some of the particular problems that they have, and then move on a little bit to some of the kinds of solutions that people working around the country in small, usually impoverished, projects have been improvising for these young people.

To begin with, I think it is important to understand that we, as a country, simply have no idea what the hell to do with our young people. We give them continual contradictory messages about who they are supposed to be and what they are supposed to do.

I think some very good examples are that we tell them that they have to be intelligent and thoughtful and, yet, we send them to terrible schools. We tell them they have to be hardworking, that we are a Nation which has a work ethic, and then we don't have jobs for them. And we tell them to grow up and we treat them like babies.

And I think that that has largely been the spirit of the foster care programs, which I was going to say that we developed, but in fact that we have allowed to develop over the last century or so.

I think the main characteristic of these programs, as far as young people go, is that they really take no account—and what Ken Wooden said, to emphasize this in my mind—they really take no account of what young people say about their own situation, and that all programs seem to operate under guidelines that are provided by people who are often very distant from the problems of young people, who simply don't want to listen to what young people are actually saying and prefer instead to diagnose them or label them or simply put them away.

I think that we have to understand, when we are looking at young people, that, if they are leaving their homes, as almost a million young people do each year, they are saying something to their families, to their community, and in a sense to all of us, and what we have generally done is simply respond to that behavior. We label that kid a runaway and put that kid in a mental hospital if they have some money, in detention centers and reform schools if they do it often enough and don't have money.

As far as looking for alternatives to that kind of labeling and warehousing, the obvious thing to do—and I think this is clearly one of the concerns of this committee—the obvious thing is to begin to work with the family, and that—although that is occasionally done in mental health clinics, usually what seems to happen is that the young person, even by mental health professionals, continues to be labeled as the problem, instead of understanding that what the young person is doing is reflective of a problem in the family. We say that the young person is the problem and then proceed to act on the young person, whether by institutionalization, by drugging, or simply by removing that young person from the home.

Now, against this current there have been attempts to place young people in foster homes, individual foster homes, and more recently in group foster homes. The problem with a lot of the individual placement in foster care homes, the kind of placement that we talk about with older children, is that it operates on the same principles as it does with younger children. I suppose these homes are licensed because they provide parenting for young people. Now, at the same time, the social work establishment says that teenagers don't need another set of parents. So what you wind up with are people who want to be parents to young children having young people placed with them who really don't want parents, by social workers who don't believe they ought to be there in the first place. Then the social work literature says that young people simply don't work out well in foster homes, and then they get sent to institutions.

Now, one of the improvements, I think, that has come over institutions in the last 20 or 30 years are group foster homes, and these are small, community-based facilities of 5 to 10 young people and several child-care workers. And these are springing up all around the country. And, when you talk to social workers around the country and you ask them what they need, they say: "We need more group homes."

The problem with a lot of these group homes is that they are becoming mini-institutions. In a rush to open new homes, to make money, to serve more kids, whatever—some rationalizations are good; some reasons are bad—they have often wound up being just about as regimented, just about as highly structured, and in many ways as insensitive to the kids as a lot of the institutions that they are supposed to remove kids from. Some of them are not that way, but, unfortunately, a majority of the ones that I have seen are.

Now, in contrast certainly to institutionalization, to the kind of haphazard program of individual foster care at many of the group homes, there has been a development over the last 10 years of kinds of services which are usually called alternative services for young people, alternative human services, alternative social services, and these are basically small groups of people, often nonprofessional people, who are concerned about young people and have opened up facilities that are directly responsive to the needs of young people.

The most obvious example of these are runaway houses. The first one was Huckleberry House in San Francisco in 1967. Since that time, about 150 of them have opened around the country, many of which are funded by a HEW organization, the Office of Youth Development.

In these runaway houses, in certainly the early ones—somewhat less so as more money comes in, unfortunately—but, in general, these runaway houses respond to the needs of young people. Someone who cannot stay in their home is given a place to stay. Someone who needs food is given food. Someone who needs a sympathetic older person to talk to has older people there to talk with.

In the context of these runaway houses, some rather extraordinary work is being done. Mental health professionals also complain that it is extremely difficult to work with adolescents in therapy and that it is extremely difficult to get adolescents to come to family sessions. Well, in the runaway houses that I work with, it is the young people who get the parents to come in for family sessions, and it is the counselor's job to help the young person to understand that, whatever the problem is, it has a certain context and that that context has to do with their family and, secondarily, with their community and with their school.

Now, there are times when young people simply cannot go home. The parents don't want them home, which, incidentally, is much more often the case than that they don't want to be home. I think times have changed since 1967 when a lot of kids were running away to a counterculture. The counterculture doesn't exist, has no more money than the rest of the society right now and simply can't sustain young people, so those young people who tend to run away from home for more than an hour or two generally are running away from bad situations, and often it becomes clear, after trying to work with them, trying to work with the family, that they cannot go home.

To accommodate the needs of these young people, runaway houses—in particular runaway houses and other community groups have begun to establish long-term group homes for young people and also alternative families. I will just say a couple of words about them.

Basically, they are long-term homes. Understand the plight of young people as having no particular role in the society; that is, that young people are mostly simply consumers and are victims of what the society has to offer them. And what they begin to try to do is to turn that process, that passivity, around and to give the young people a full say in the operation of these homes.

Very simply, the homes are democratically structured. The young people who are in the homes decide what new young people are going to be in the homes, what their rules are going to be within certain limits that have to be set by the courts that place them there, who their new counselors are going to be, what the hours of curfew are going to be, and they work these out with the counselors.

So, for the first time in their lives, many of these young people have a sense of being part of some kind of viable social organism.

These group homes have admitted that they cannot be parents to young people, but the young people don't want parents and the counselors then take on a kind of role of older brother or sister or guide.

The other interesting development are these individual foster placements that runaway houses and similar other groups have begun to find for young people. What they have done is to simply set aside the conventional social work guidelines and go out and find people who want to have young people live with them and these people may be only a few years older than the young person. They may live in a commune. They may be considerably older. They may have kids. They may not have kids. But basically their main qualification is that they are willing to accept some training and working with young people. They are willing to and want to have a young person in their house. And they are willing to accept a weekly supervision of that placement.

So these programs are able to place young people in families that want them that are properly trained and supervised for less than half the cost it would take to place them in the kinds of institutions that Ken Wooden was talking about.

Similarly they are able to work with young people in these group foster homes who would otherwise—and often have been—in psychiatric hospitals which are not only damaging in themselves, but are far more expensive, sometimes as much as 8 or 10 times as expensive as these group homes.

Finally, I have been listening to people talk about the kind of supervision, the kind of legislation that is needed, I realize that the kinds of recommendations that I have are in many ways small potatoes beside the problem, but I would just like to offer them anyway.

The first thing, I think, is that one of the reasons that young people are so passive, are so much victims and are rebellious against being victims is because they have so very few rights. I know that the 1967 *Gault* decision gave young people some of the same rights in court as adults have, but I know that there are a number of rights that they don't have. They are subject to being imprisoned and/or sent to mental hospitals for the kinds of offenses for which nothing can happen to older people. We have been talking about some of these today: truancy, running away from home, being incorrigible—whatever that might mean. I think it is time that we simply got rid of status offenses as a category, and I think that this would not only prevent young people from being put in institutions, but would give them a certain kind of legal leverage in dealing with a system in which they still have very little.

Second, I would suggest that Congress pass the Juvenile Justice and Delinquency Prevention Act of 1974. In that act, title III is known as the Runaway Youth Act, and I would suggest that that act be amended to include funding for runaway houses to provide alternative and longer term facilities for young people who simply cannot go home.

I think that not only is the money needed by them to set up these facilities, but some kind of legislative mandate is needed as well.

Third, I think it is very important—I know that in some ways this goes against some of the grain of the testimony, but I will try to put it in context—to loosen some of the licensing requirements and especially to loosen some of the zoning requirements that govern the placing of young people in homes and that govern the placement in foster homes.

While for the most part the licensing requirements are flaunted by established agencies, groups like runaway houses and alternative group foster homes are constantly beset by these requirements by city governments and county governments which simply don't want them to operate.

Mr. **Biaggi.** Doctor, on that point, if I may, what you are suggesting is that your alternative runaway houses and the like would be administered by people who are purely altruistic and motivated in the loftiest fashion, and they will create the utopia?

Dr. **Gordon.** No; I am not suggesting that.

Mr. **Biaggi.** The same arguments were made by others when they initially applied for institutional privileges, for the right to establish institutions, so they can provide refuge for these neglected or whichever children. Obviously, the legislatures in the different States responded in a very minimal fashion. Consequence: abuses, because we are dealing with reality, human frailties. There are motivations that have been fairly disclosed, profit or whichever, inability, general incompetence, or lack of concern, that have produced the abuses that we are dealing with today, so how can you talk about not licensing?

I suggest that even the foster family that picks up one of these children, which is a departure from the institution, which, I think, is superior to the institution on the most part—it will give some feeling of belonging to a unit where there is warmth, feeling, and some exchange. It is superior and yet even those people have been found to be wanting in many and different ways.

So, to suggest that we don't have licenses for your alternatives is hardly consistent with the facts.

Dr. **Gordon.** Actually that is why I wanted to put it in context. I think that licensing can be extremely strict and I think that people who place kids in foster homes, as well as foster homes, should be held accountable. What I am talking about is that these places are not granted licenses to begin this placement in the first place. A number of these programs simply cannot place kids because the establishments in their city or the city government prevents them from even having a license. This has nothing to do with regulation. They are not even given the opportunity to begin.

Mr. **Biaggi.** That is another question.

Dr. **Gordon.** That is what I am talking about. What is happening now is that, as Ken has suggested, this is an industry and the people who are in charge of the industry have a monopoly in many places, and I am suggesting loosening that up and allowing people to begin to do these placements. In fact, those organizations—there is one in Washington, D.C., part of Special Approaches in Juvenile Assistance—that are allowed to place kids are under constant incredible supervision by every government agency, in contrast to the government agencies themselves which place kids in foster homes that they never even visit.

So that is what I am talking about in terms of loosening licensing.

The other thing is that in many cities—I know both here in Washington, D.C., and in San Francisco and I know beginning in other cities too—zoning requirements are used to keep group foster homes out of neighborhoods, so that what essentially is happening is that people are saying on the one hand that young people ought to be in a neighborhood which is like any other neighborhood. On the other hand, these residential neighborhoods are forcing young people into deteriorating neighborhoods.

Mr. **Biaggi.** How do you deal with the conflicting situation where the people in the various neighborhoods now have planning boards so that they can have some input into government and community control, if you will, and now you come up with a proposition. You are going to deprive those people of the right to make a determination. You have a conflict.

In New York, we have methadone centers. Everyone said, to deal with the drug problem, yes, it is a step away. At least it makes the people, the addicts, functional. At least that gives some merit to it. I think they have proved to be worthwhile, except for the abuses. Now, everyone says: "Yes; we are for methadone centers, but not in my neighborhood. Where you live."

Now, how do you deal with that one?

Dr. **Gordon.** I say that what you do is that you involve the community in planning for these facilities, that you let communities know that they have to exist and that they have to be involved.

Mr. **Biaggi.** They will be involved, all right. You bet your bottom dollar they will be involved. [Laughter.]

I am talking about realities of life. What you are saying, you know, is very lofty and we can sit down and say: "Yes, we agree," but now you are dealing with the realities of life, the political picture, the people out there. They will be involved. An awful lot of them will be involved in opposition.

Dr. **Gordon.** You see, insofar as you mandate people to send children to school, there may be a similar type of mandate that communities take care of their young.

Mr. **Biaggi.** I will let it go at that because we can go around and around.

Dr. **Gordon.** I regard that as your problem. It is a difficulty that you are facing in trying to deal with this. I don't know exactly how to do it.

Mr. Biaggi. OK. Neither do we. [Laughter.]

Dr. Gordon. But let me say that what I have found is that, in those neighborhoods where people who are active, people who are setting up these facilities have actively been working with the community, that things go much better, by and large. Not always. There are some neighborhoods that absolutely will not want young people there.

The other thing, the kind of fascinating and horrible thing, is that your kid or my kid can play football out in the road and nobody will say boo, but a kid from one of these group homes plays football out in the street and everybody is in panic because they are going to break car windows. The communities have a completely different psychology for these places than they do for their own children.

That is all I have to say in my prepared testimony.

Mr. Miller. Dr. Gordon, the name of the facility in Washington that you spent some time with escapes me.

Dr. Gordon. It is called Special Approaches in Juvenile Assistance. It has a runaway house and group foster homes and foster care placement programs.

Mr. Miller. From the paper that you wrote on the facility after your experience as a part of it, it appears that the initial effort was made toward reconciliation of the situation that drove that child away from the home, in the suburbs of Maryland and Virginia, and into the District as a runaway. Again, it appeared in the paper that there was a fair success ratio in terms of bringing the parents to a neutral site. The site was not necessarily the runaway facility, but to a church, maybe in their own neighborhood, or some other public facility. Here family members could sit down and talk about what was going on in the family and what that young person and the family thought was wrong, whatever the situation was.

Is that the highest priority in these facilities?

Dr. Gordon. In the runaway facilities, I think that that is. The highest priority is giving the young person a place to be, a little rest, giving everyone a little rest from the crisis that has brought them to this point, without, as a detention center or mental hospital would do, labeling the young person as the problem. Setting up the opportunity and then setting up the opportunity for people to get together and talk about what is going on: that is the highest priority.

Mr. Miller. How many children come to the runaway house in a year's time?

Dr. Gordon. About 250 to 300.

Mr. Miller. Are those only residents of the facility, because there is a screening process as to who is going to be allowed to stay?

Dr. Gordon. No; at the runaway house, anyone who is under 18 can stay. There is no screening at all. It is simply there for them. The screening goes on in the group homes or in foster placement.

Mr. Miller. So the extension of the runaway house is the group home, and finally possibly the placement in a foster home.

Dr. Gordon. Right, although usually those alternatives are considered concurrently really, depending on what the young person wants, to a large degree. "Do you want to live with a family or would you rather live in a group home?"

Mr. Miller. What is the length of time which some of these people will stay in the group home?

Dr. Gordon. It varies, depending on what the family situation is. Young people who really have no family to go back to will stay as long as they need to. Some people will stay from age 14 to 18 or even 19. Those who have a family to go back to will be placed in kind of an intermediate placement situation where they will stay from 3 to 6 months while intensive work is going on with the family, and then hopefully they will be able to go back to the family.

Most of the young people who wind up in the group homes have been through a succession of institutions, foster homes, before they even get there.

Mr. Miller. That was my next question. What is the average case history of the child who shows up at the runaway facility? Is it a first time runaway or have they been sifted pretty well through the system?

Dr. Gordon. Well, things have changed over the last couple of years. I think 4 or 5 years ago I would have said most of them are first-, second-, third-time runaways. Now, increasingly, the young people who find their way into the District of Columbia either are from the District of Columbia or have been given up on by facilities in the counties. So that, by and large, they are young people who really have no place to go and who are extremely difficult to work with. Increasingly, over the last year or so, young black people have been coming to what was once a predominantly white facility and is now a completely mixed, black and white, facility.

So, I think one thing I wanted to add is that I think the economic situation has had a great effect on forcing kids out of their homes. Relatives and even parents simply can't take care of kids who cause them a little trouble.

Mr. Miller. So, it would not necessarily be misleading to suggest that the clientele of the runaway and group home is necessarily different in terms of case histories from those children who are placed in the institutions about which we had testimony earlier this morning.

Dr. Gordon. They are identical. Increasing numbers of the kids who have been in the group homes have been in those institutions.

Mr. Miller. Well, then, could you say that they are able to treat these young people with similar difficulties in a much different fashion, with as good or better results than, at least, we have had testimony about so far?

Dr. Gordon. Yes; I would say that. I wouldn't say with every kid, but with the kids who come through. I would say for all except the most violent and antisocial kids; yes.

Mr. Miller. And that includes disciplinary action or an arrangement in the house decided upon by the residents?

Dr. Gordon. Yes.

Mr. Miller. They determine curfew. They determine time to go to bed, times of silence, who is going to clean the kitchen, or who is going to prepare the food? And so, with those kinds of disciplinary decisions, you are able to deal with these young people?

Dr. Gordon. With residents and counselors clearly. The counselors are necessary. Yes. I have just finished a paper on four young people who were diagnosed as psychotics, who were in one of the group homes that I worked with, all of whom— three of whom had been institutionalized and all of whom did quite well.

Mr. Miller. Is any kind of solitary confinement used in any instance that you know of, in the District home?

Dr. Gordon. No.

Mr. Miller. Any kind of corporal punishment used?

Dr. Gordon. No.

Mr. Miller. Again, we are talking about basically the same kind of young person who may be in a long-term institution in or out of the State.

Dr. Gordon. Yes, with a few exceptions. With a few exceptions.

Mr. Miller. One of the other things that you outline in your paper is really the staffing of the runaway home and to some extent the group home. It seems to be a mix of people like yourself, who have a professional background and academic credentials, and people who, out of interest or concern, want to be involved with these young people, people whom we may call streetwise or who have been through it themselves. They, in fact, become counselors either at the immediate intake of the runaway or live-in counselors at the group homes, parents at the group home, is that——

Dr. Gordon. That is correct. Yes. By and large, the people are not people like myself who have credentials. By and large, they are in a consultative role rather than doing the direct work. One of the things that is interesting is that, when the alternatives for people with credentials are working in institutions, more and more of them are coming to work at one-half to one-third of the pay in places like the runaway house, simply because they feel they can do the work that they were trained to do.

Mr. Miller. We need some kind of licensing requirement certifying the credentials of the people who work with these individuals. In the institutions that were discussed earlier this morning and in your type of facility I just wonder, does that lead us to a better quality of care or is it that we need, a different type of facility that attracts interested people, as Mr. Biaggi has pointed to?

Dr. Gordon. I think that is a difficult question. I think basically the closer the supervision, the less you need to worry on abstractions like credentials, and I think that many of these places would welcome close supervision, people really seeing what the work is that they are doing, as opposed to looking for initials after someone's name. I think that is the best way to make sure that the kids are getting good service. That is the second best way. The first best way is to make sure that young people are involved in those committees that are supervising and accrediting these places, because they are most clearly aware of what their needs are and of what they have to get.

Mr. Miller. Can you give us some indication of what the first offense was for a young person you end up with, either at the runaway house or the group home?

Dr. Gordon. By and large, the first offense is running away.

Mr. Miller. What happened to those who would be considered hardened cases after that first offense before they got to the runaway house?

Dr. Gordon. It is incredibly varied and a lot of it has to do with what color you are and what class you are from. I think that, if you are black and poor, you are pretty likely to go to a penal institution. You are likely to go to a detention center, and, if you do it again, to a penal institution. If you are white and you come from the suburbs, you are likely to be sent to a child guidance counselor or to a mental health clinic, and things proceed along those lines.

One of the fascinating things—I don't know if anyone has really studied it—is that whole process of labeling, so that, if you are a certain color and class, you get labeled "delinquent" or "mentally ill," and, for the life of me, I can't see differences in the psychological state of these young people. Again, the suburban kids tend to progress through social service agencies, whereas the city kids tend to progress through juvenile service agencies and probation officers, with some overlap in both of them.

So that the kids who come to the runaway house often already have a probation officer or a social worker who is tearing his or her hair out about what to do with the kid by the time they get there.

Others come to the runaway house directly from institutions.

Mr. **Miller**. Now, the residents of the group home or the runaway house—What do they do with their time? Have any of them entered one of the District schools?

Dr. **Gordon**. It has changed over time. In the 4 or 5 years ago, when there was still an aura of the counterculture, there was considerably more openness for the kids to decide what they wanted to do. In many ways, I thought that was good because what eventually came out is that those young people wound up going to school or getting a job within several months, simply because it was very boring not to be doing anything else. Now, the group homes are more tightly structured, and a young person who is in them either has to go to school, either one of the schools in the District or, increasingly, they are working to find special kinds of educational programs for young people, whether it is individual tutoring or a special technical school which appeals to a particular young person or some of the alternative schools when they can get funding for them in the District.

Other young people simply begin to work, once they are in the group home, and many of those who work for a couple of years then either feel like going back to school or take their G.E.D. and go on and do something else.

So that increasingly they are working or going to school as soon as they get into the home, and that is part of the agreement they make with the home.

Mr. **Miller**. What is the cost of keeping a resident in one of the group homes for a month?

Dr. **Gordon**. The cost, if the counselors were getting paid every week, which they don't always—The cost would be about $600 to $650 a month for them to be paid decent, livable salaries. Right now the cost average is around $450 or $500.

Mr. **Miller**. What entitlement does that young person bring with him to the home?

Dr. **Gordon**. I am sorry. I don't understand.

Mr. **Miller**. I assume that some children from middle-class families out in the suburbs really bring very little, if any, entitlement. They don't bring an AFDC grant because they have not been sent through the courts. They don't bring Federal moneys. How is the house maintained?

Dr. **Gordon.** Often, they have to go through the courts in order to get funding.

Mr. **Miller.** So, you will get a court placement so you can get Federal moneys, local moneys, or a combination to maintain the student in a facility?

Dr. **Gordon.** Right. Occasionally, there is a parent who has money, but in the group homes, the only money they get is payment for care. For instance, the District of Columbia in this particular facility will only place two or three kids for whatever reasons they have, so that, for those kids, money has to be raised privately when there is someone who has no other place to go, and people really feel that this young person is going to Oak Hill or Cedar Knoll or one of the other penal facilities. Money is raised from churches or from private donations to keep so-and-so in the home for a few months anyway.

Clearly, the only way to finance these homes is through payment for services.

Mr. **Miller.** Mr. Biaggi?

Mr. **Biaggi.** Yes, I have two questions. One: In the early part of your testimony, you made reference to consultation and, in effect, an attempt to conciliate and bring the families together. What is the incidence of success in that area?

Dr. **Gordon.** One of the things about the runaway house is that they don't follow up on kids unless the kids get back in touch with them. That is part of the philosophy of not intruding themselves into the young person's situation. So it is hard to know for sure. And it is also hard to know how many of those families would not have gotten back together even without the runaway house. My sense says that probably about 60 to 70 percent anyway of your people go home from the runaway house. Perhaps more.

Mr. **Biaggi.** If the same effort were made in all of the other institutions, would it be fair to conclude that they wouldn't enjoy comparable success?

Dr. **Gordon.** Probably not quite as high, because, by the time they get there, some of the young people who get to institutions have been so victimized. I think, if you were to apply that effort early enough in the stage with community-based agencies, yes, and I would say it could even be higher, because the young people who come to the runaway house have often been institutionalized already. We had one young person who had been institutionalized for 15 years, and, by working with his family, him and his mother—who had just sort of accepted the fact that he was a ward of the State—by working with them for 3 or 4 months, he went home and has been, as far as I know, home every since. And nobody had ever taken the trouble to do it.

Mr. **Biaggi.** One final question. If I recollect correctly, you said you have some 200—was it 200 residents?

Dr. **Gordon.** About 250 come through the house each year.

Mr. **Biaggi.** How many do you have at any given time?

Dr. **Gordon.** There are anywhere from 5, or 6, to 12. There is a limit on 12.

Mr. **Biaggi.** And you say some of them stay on for indefinite periods of time?

Dr. **Gordon.** The runaway house is an emergency shelter really, and the young people are only supposed to be there for 2 weeks. Unfortunately, since the alternative for many of them is the streets or some kind of care, they are often kept on longer because the runaway house has Federal funding and can afford to do that. The group homes will keep young people for as long as they need——

Mr. Biaggi. We are talking about the group homes. How many people do you have in the group home at any given time?

Dr. Gordon. Five or six.

Mr. Biaggi. That is all.

Mr. Miller. Just one final question. What is your opinion of the mental state and outlook of the young people when they leave either the group home or the runaway facility?

Dr. Gordon. It depends. If they leave the runaway facility to go home to their parents and they know there is going to be some family counseling, they feel real good. If they leave knowing that there is no place for them to go, they feel very bad and they are desperate to stay. In fact, most of the anger that these kids have at the runaway house is because they cannot stay there much longer. They have no place to go.

The kids who leave the group homes, by and large, leave in a much better state of mind than when they came in and often are in an extremely good state of mind. But there again, it is extremely hard in this society for an 18-year-old who has no college education certainly, no family, no money, to get along in the world, so that often the period of the first months outside the group home is very hard and the young people need to be able to come back to the group home, which they do for a few hours or to stay overnight or even stay for a week, if they don't have another place to stay.

So that the thing about these places is not that they are institutions, but that they do become like families where people develop a commitment to one another which extends beyond any kind of job or any kind of institutional commitment.

Mr. Miller. Thank you. Any further questions?

Mr. Biaggi. No. Thank you.

Mr. Miller. I want to thank you, Dr. Gordon, for your testimony and your appearance here today, and I would hope that maybe right after the first of the year we might arrange a visit to the District's project.

Dr. Gordon. I am sure they would be happy to have you. Thank you for letting me come.

Mr. Miller. Our next witnesses are Robert Mnookin, who is professor of law at the University of California, Berkeley, and Jessica Pers, who has been working with him on a project dealing with foster care in the State of California.

Mr. Mnookin, your statement will be placed in the record in full, so, if you would like to summarize or highlight it, we would be happy to have you do so.

[The statement referred to follows:]

PREPARED STATEMENT OF ROBERT H. MNOOKIN, PROFESSOR OF LAW, UNIVERSITY OF CALIFORNIA, BERKELEY, CALIF.

I. DESCRIPTION OF THE TASK

Most American parents raise their children free of intrusive legal constraints or major governmental intervention. Although compulsory education and child labor laws place some conspicuous legal limitations on parents, the family, not the state, has primary responsibility for child rearing. Despite this predominant pattern, there are about 300,000 children under 18 among the nation's nearly 70 million for whom the state has assumed primary parenting responsibility. These children live in state sponsored foster care, a term used to include foster family homes, group homes, and children's institutions.

My testimony today is primarily concerned with children placed in foster care through no fault of their own. For some of these children, usually called "dependent" or "neglected", the state has assumed responsibility because no one else is available: some children are orphans; others have been voluntarily given up by a family no longer willing or able to care for them. A significant number of chidren, however, are placed in foster care because the state, through juvenile court, has intervened, found parents to be unfit or inadequate and coercively removed the child from parental custody. The discussion and recommendations that follow are designed to monitor and revise foster care for dependent and neglected children who are voluntarily placed by their parents or coercively removed by the state, particularly children who enter the system when they are quite young. Different policy considerations underlie the use of foster care for delinquents or older children, where it sometimes serves as an alternative to incarceration.

What follows is divided into three parts. First, the present foster care system and the federal role are described. Second, the problems and limitations of current state foster care programs are set forth. Finally, recommendations are made about the direction of state foster care reform and how the federal government can contribute to these reforms.

II. THE PRESENT SYSTEM AND THE FEDERAL ROLE

Currently, state government, sometimes with local involvement, administers foster care programs, and the federal government's role is almost entirely financial. In California, for example, the counties, which first established the system of care for dependent and neglected children in the 1800's, still have primary operating responsibility for foster care. County governments set the payment rate for foster parents and institutions in that county, approve the facilities for placement and determine how responsibility should be shared between the probation and social welfare departments. These two departments oversee and organize the process by which children enter the foster care system—whether or not the juvenile court is involved—and provide day-to-day casework and counseling services for foster children, their natural and foster families.

The state government in California is mainly concerned with financing foster care and, to a lesser degree, with supervising and licensing functions. The federal government contributes to the financial support of about 40 percent of the foster care population—children from families eligible for federal AFC funds who are removed from their homes after a judicial determination that removal is necessary for the child's welfare.

Although current federal laws seem to place some "strings" on the federal contribution to foster care costs, in truth, Washington provides money to states and localities without any program or policy focus. Although the appropriation section of the AFC law stresses the importance of encouraging the care of dependent children in their own or relative's home and providing financial assistance and rehabilitative services to maintain and strengthen family life, the federal government does not condition its financial support on evidence that state programs actually incorporate these goals. Federal money is supposedly granted only after a state has submitted a plan which includes the "development of a plan for each . . . child (including periodic review of the necessity for the child's being in a foster family home or child-care institution) to assure that he receives proper care and that services are provided which are designed to improve the conditions in the home from which he was removed or to otherwise make possible his being placed in the home of a relative . . ." [42 U.S.C. § 608 (f)(1)] social welfare agencies rarely make long-range plans for foster children nor provide adequate services to their natural families after foster care placement.

The limits of the current federal role—to provide funds for foster care but not to make or influence policy—can be partially explained by the history of federally-supported foster care within the AFDC program of the Social Security Act of 1935. Before passage of the Social Security Act, care of poor, neglected and dependent children was a state, local and private responsibility. Although the federal Children's Bureau was concerned with children separated from parents and relatives, the federal government provided meager financial support for children who were orphaned, abandoned or removed from their families because of neglect or abuse.

The federal AFDC program did not initially include foster care. In fact, the program emphasized the importance of supporting poor children within their own homes or in the homes of relatives, and not resorting to out-of-home placement. Giving federal aid to children not living with their families was seen as undermining the Social Security Act's central policy of encouraging family unity and responsibility. During the 1940's and 50's, state AFDC plans included provisions for discontinuing support payments if a home were found to be "unsuitable". However, at the same time, the prohibitive costs of caring for a child outside his or her home discouraged states from using juvenile courts to remove children from parental custody, unless a relative or other person offered to care for or support the child. Consequently, a welfare department was likely to find a home "unsuitable", and discontinue AFDC payments but leave a child to live in that "unsuitable" home.

The1962 amendments to the Social Security Act changed the situation significantly. Children who had been receiving AFDC payments within their own homes became eligible for an even higher federal reimbursement if they were removed from their homes as "a result of a judicial determination to the effect the continuation therein would be contrary to the welfare of such child" [42 U.S.C. § 608(a)(1)]. The requirement of a court decision was a compromise. It provided a means for the federal government to share in state and local foster care, but only in those cases where a court of law as an independent decision-maker had found that the interests of the child and the duty of the state to protect its children outweighted the interests of family privacy and necessitated removal from parental custody for the child's welfare.

The availability of federal funds for out-of-home care did not significantly affect the states' behavior, since states were not obligated to include foster care as a regular part of their AFDC program. Most states did not immediately apply for federal funds because the Act required certain changes in the administration of foster care for states to be eligible. Moreover, only a fraction of the children in foster care at that time would have become eligible anyway since many were not removed by courts, and those who had come before the court were not always AFDC recipients at the time they were removed. By June 1965, only 23 states had accepted the AFDC foster care program and were using it to care for 5,779 children.[1]

In 1967, after continuing controversy between HEW and several states over their foster care programs, the AFDC foster care program was made mandatory for all states to begin in 1969. Eligibility for federal reimbursement was extended to children who were not actually AFDC recipients but who would have been if application had been made when the court removed them from parental custody [(42 U.S.C. § 608(a)(4)]. These amendments expanded the AFDC foster care program dramatically.

Today, the federal government pays a portion of the maintenance costs of foster children from families eligible for AFDC who are removed from their homes after a judicial determination that removal is necessary for the child's welfare. In other words, the federal government does not contribute to the maintenance costs of children who are placed in foster homes after a juvenile court has found them to be delinquents or children who are voluntarily placed by their parents without any judicial involvement. In addition, the federal government provides money for foster care services as part of the $2.5 billion national appropriation for services of the Social Security Act. For the year 1975, federal financial involvement in AFDC foster care under Title IV-A amounted to $137,822,000. In May of 1976 the federal government contributed to the support of approximately 116,000 children in foster care.

III. PROBLEMS WITH THE PRESENT SYSTEM

Clearly, foster care is a drastic remedy for family problems, since it destroys, at least for a time, the basic family unit and represents an extreme form of state intervention in child-rearing. However, because of funding pressures and social welfare staffing, foster care is sometimes the only remedy available to the state for responding to family problems. Rather than being used only when non-removal poses a substantial danger to the child and there are no reasonable alternatives to protect the child within the home, foster care is at times used before any less drastic means for dealing with family dysfunction are attempted.

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[1] Winford Oliphant, AFDC Foster Care: Problems and Recommendations (New York: Child Welfare League of America, 1974) p. 6.

The judicial standards used to determine when children should be removed from parental custody and how long they should remain in out-of-home care are vaguely defined in terms of the "best interests of the child". Such a standard calls for individualized determinations, usually made by judges who are untrained in psychology or child development and who must, therefore, rely on personal theories and outlooks to inform their discretion.

Once the decision to remove a child from parental custody is made, foster care is in theory designed to be short-term care; the child is removed from the home for his or her protection and to facilitate rehabilitation of parents and reunification of the natural family. Some children do remain in foster care for a short period while their natural parents work out problems. This pattern is the exception, however, rather than the rule. On the basis of their analysis in 1959, Maas and Engler predicted that "better than half" of the more than 4,000 children they studied would be "living a major part of their childhood in foster families and institutions."[2] Similarly, in a study of 624 children under 12 who entered foster care during 1966 and were there at least 90 days, Fanshel found that 46 percent were still in foster care 3½ years later.[3] Wiltse and Gambrill examined a sample composed of 772 San Francisco foster children, about one-half of that county's foster care caseload. They found that 62 percent of these children were expected to remain in foster care until maturity; the average length of time in care for all the children in their sample was nearly 5 years.[4] One juvenile court judge has written about his surprise at the beginning of his term when he found that many of the neglected children under his jurisdiction had been in "temporary" foster care for five to six years.[5]

One way the state might minimize the length of time children remain in foster care is to work intensively with natural parents to correct the deficiencies requiring removal. However, natural parents are rarely offered rehabilitative services after their children have been removed from their custody. A recent Massachusetts study noted:

> Almost all studies have shown that virtually no services are available to biological families after a child has been placed in foster home care. Aggravating that fact is that most of these families are weak to begin with and supportive and restitutive services would have to be of the highest quality to have any effect. These facts have led agencies to write off families rather than place their efforts on attempting to bring about positive change. . . . Judgments such as these, however, have been consistently made without the benefit of adequate, high quality services . . . having been provided on a consistent enough basis to conceivably return a child to his own home.[6]

Again, in theory, since foster care is designed for short-term situations, when a child must be removed from parental custody for a longer period, state agencies should explore and implement more stable and continuous care arrangements, such as adoption or guardianship. However, long-term plans that could provide foster children with a sense of security and stability are rarely made and implemented. One study concluded that "for nearly two-thirds (64 percent) of the children in foster care the public agencies reported that the only plan was continuation in foster care."[7] Moreover, because neither the foster parents nor the agency is under an obligation to keep the child in the original placement, children are often moved from one foster home to another.

Although adoption probably provides the best chance of stability and continuity, few foster children are ever adopted. In one study of foster children supervised by public agencies, only 13 percent of the children were considered likely to be adopted.[8] Social welfare agencies are frequently reluctant to pursue adoption for foster children because it requires final termination of parents' legal rights, an act that necessitates a separate legal proceeding often involving more stringent standards than those used for the initial removal from parental custody. Wishing to avoid anything drastic, and uncertain of their legal ability to act, agencies do nothing, and, as more time goes by, adoption becomes less likely. Indeed, it appears that after a child has been in foster care for more than 18 months, the chance of his either returning home or being adopted is remote.

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[2] Henry S. Maas and Richard E. Engler, Jr., Children in Need of Parents (New York: Columbia University Press, 1959) p. 356.

[3] David Fanshel, "The Exit of Children from Foster Care: An Interim Research Report," 50 Child Welfare 65–81 (February 1971).

[4] See Kermit Wiltse and Eileen Gambrill, "Foster Care, 1973: A Reappraisal" 32 Public Welfare, Winter 1974.

[5] See Ralph W. Cracy, "Neglect, Red Tape and Adoption," 6 National Probation and Parole Association Journal at 34 (1960).

[6] Alan R. Gruber, Foster Home Care in Massachusetts (Commonwealth of Massachusetts: Governor's Commission on Adoption and Foster Care, 1973) p. 3.

[7] Helen Jeter, Children, Problems and Services in Child Welfare Programs (Washington, D.C.: U.S. Government Printing Office, 1963) p. 87.

Part of the reason long-range plans are not made is that foster care placements are not adequately reviewed by courts or social agencies. In California, as in many states, the juvenile court has a continuing responsibility for children after they are removed from parental custody and put in foster care and is required to hold a regular hearing at least once a year to review what has happened to the child and what plans are being made for the future. The social worker or probation officer responsible for the child is required by statute to make an investigation and file a supplemental report for this hearing. But, observation of this annual-review process belies any notion that careful individualized determinations are being made. We have examined every annual review hearing in a selected California county during a one-month period. The court reviewed 177 cases involving 321 children, 169 of whom were in foster care. Approximately two-thirds of these hearings took two minutes or less. Only six percent took ten minutes or more, and the longest took twenty minutes.[9]

Nearly all the cases were decided on the basis of a two or three-page written report by the social worker responsible for the case. A sample of written reports revealed that no one specified what was being planned for the child between the current hearing and the next annual review or what goals were set for the child during the coming period. Instead, these reports simply recounted what had happened to the child since the last review.

The problems of inadequate alternatives to foster care, ill-defined standards and lack of adequate review and planning apply to children who have been voluntarily placed by their parents as well as those coercively removed by the juvenile court. In fact, social welfare officials are held even less accountable for voluntarily-placed children, since there is no judicial review of removal without a court order.

In sum, state foster care systems have four serious limitations:

1. Children are coercively removed from parental custody or accepted for voluntary placement before the social services agency has tried to solve family problems through less drastic means.
2. The legal standard used when courts remove children from parental custody is vague and subject to abuse.
3. After children are removed from parental custody, insufficient effort is expended to solve the problems that initially led to placement and reunite the family.
4. Existing programs do not define a time-frame within which important decisions affecting children must be made. Too often, children who cannot return to their natural families drift in foster care and no permanent plans for their care are made. Requirements for "annual reviews" of foster care placements do not adequately insure that long-range plans are made implemented.

IV. THE DIRECTION FOR FOSTER CARE REFORM

The criticisms already made, and the recommendations that follow are based on three principles that should be made altogether explicit:

1. *The family, not the state, should have primary responsibility for child rearing.*—Children should be coercively removed from parental custody only when they face substantial danger within the home, and there are no reasonable means to protect them within the home through the use of services.

2. *Government coercion, even for the best purposes, should not be exercised in an arbitrary and capricious way.*—The decision to require foster care placement

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[8] Jeter, p. 87. This same study anticipated only 12 percent would return home. See also Mary Lewis, "Foster Family Care: Has It Fulfilled Its Promise?" 355 The Annals at 31, 36 (1964).

[9] See generally, Mnookin, "Child Custody Adjudication: Judicial Functions in the Face of Indeterminacy," 39 Law and Contemporary Problems (No. 3) 226, 273–77 (1975).

should be based on legal standards that can be applied in a consistent and even-handed way, and not be profoundly influenced by the values of the particular judge or social worker involved.

3. *Continuity and stability for the child should be a primary goal of state policy.*—Where removal is necessary, the state should purposefully seek, when possible, to help the child's parents overcome the problems that led to removal so that the child can be returned home as soon as possible. Where the child cannot be returned home in a reasonable time, despite efforts by the state, the state should be responsible to find a stable alternative arrangement for the child, preferably through adoption. Children, particularly younger children, should not be left in foster care for an indefinite period of time.

If this testimony were being given to a committee of a state legislature, not the Congress of the United States, the task of making specific recommendations based on these principles would be reasonably straightforward. Indeed, the California legislature has recently passed a bill, SB 30, that is quite consistent with the goals spelled out above. A brief summary of that bill will illustrate our view of the proper direction for state reform.

First, to replace the present vague dispositional standard for juvenile court proceedings that allows removal whenever the "welfare of the minor" requires, the new legislation will allow removal only if a court specifically finds: (a) there is a substantial danger to the physical health of the child or the child is suffering severe emotional damage; and (b) there are no reasonable means acceptable to the child's parents by which the child's physical or emotional health may be protected without removing the child from their physical custody.

Whether or not the minor is removed, the court may order that appropriate services be provided to the parents and child to reunite the family or making the family setting safe for the child. These services include family therapy, day care, crisis intervention care, homemaker services and various types of counseling.

Second, the bill provides for six-month reviews of all dependency cases at which time the court must determine what progress has been made to reunite the family, what services have been provided, how effective those services have been and whether additional services are needed.

Third, if despite the state's efforts, the child remains out of the home for 12 or 18 months (12 months for minors under 2 years of age or 14 and older who desire adoption; 18 months for all others) the court must investigate opportunities for finding adoptive parents, legal guardians or a stable long-term foster care placement. The bill incorporates a preference for adoption, the least expensive and most stable placement, with certain exceptions.

Fourth, the bill develops standards for voluntary placement of children, a program that is not regulated at all under present state law. A county welfare department must first offer appropriate services to parents who desire to place their children in foster care. If the child is placed, the bill requires that the county welfare department and parents sign a voluntary placement agreement that sets forth the rights and duties of both the department and the parents. After six months of placement outside the home and provision of services to the family, the department is required either to file a juvenile court petition to have the child declared a dependent or hold an administrative review of the placement. After 12 months of placement, the department must file a dependency petition, and after 18 months in placement the court must investigate the opportunities for long-term stable placement, as described above for children who enter foster care as dependents of the court.

The California legislation would establish demonstration projects in two to four counties where the legal framework would be changed as outlined above, and substantial state funding would be provided to develop services that will make removal unnecessary and shorten the average stay in foster care.

While the new California program could be improved, it does point the direction of appropriate state reform: states should adopt policies that will reduce the number of children who must be placed in foster care, and insure that those children who are placed in foster care will remain in out-of-home care as short a time as possible.

The fundamental question for this Committee, however, is not simply to define appropriate *state* policy for foster care. Instead it is the more difficult question of what the role of the federal government ought to be.

It is an open question whether foster care systems in most states have been improved by the existing federal program. Indeed, by bearing a substantial share of the total cost of foster care, the federal government has insulated the states from financial pressure related to the cost of foster care that might otherwise encourage significant reform. This is not a recommendation that the federal government simply withdraw completely from sharing the costs of out-of-home placement; it is an expression of fear that federal support in the past has ironically protected undirected and harmful state program from feeling a potentially useful financial pinch.

If one extreme would be Congressional repeal of federal involvement in foster care, the other extreme would be to amend the Social Security Act to condition federal support on detailed explicit standards consistent with the principles outlined above. For example, section 608 of Title 42 might be amended to provide federal subsidies only to those states with juvenile neglect laws that permit removal when the child is in danger and after less restrictive alternatives have been explored. But federal regulation of every detail of a state system as a condition of federal financial support could evolve into federal administration of dependency and neglect laws, traditionally a concern of the states. Our recommendation falls between these two extremes.

First, the Social Security Act should be amended to provide financial incentives for states to minimize the need for foster care and to encourage children to remain in foster care as short a time as possible. At present, the percentage of federal reimbursement for the costs of foster care maintenance payments to a state depends primarily on the wealth of the state, not on objective criteria relating to the adequacy of the state's performance. We propose that Congress enact legislation that would base federal reimbursement to a state on a sliding scale determined by the following sorts of objective criteria: (a) the proportion of children in foster care, with the greatest percentage of federal reimbursement for foster care costs, not exceeding the total costs, going to states with the smallest foster care program after standardization for population characteristics; and (b) the average length children remain in foster care, so that the federal reimbursement is greatest for children in foster care for the shortest period of time.

In other words, we propose that the formula for federal financial support of foster care reward states with "successful" programs. This proposal would not only encourage states to find ways to decrease the need for foster care, but would also encourage them to use a greater percentage of their appropriation under Title XX to fund preventive, child protective and family reunification services. In short, the federal government would still respect state autonomy, and juvenile court jurisdiction would remain a state matter. However, the federal government would no longer be acting like a wealthy but unconcerned benefactor.

Second, the federal government should sponsor and support experimental state and local programs designed to protect children within their homes rather than resorting to foster care placement and to reduce the average length of time children stay in foster care after removal.

The third, and last recommendation is a cautionary one. There is talk that section 608 of Title 42 be amended so the federal government would contribute to the costs of so-called voluntary placements. While partial federal reimbursement for short term voluntary placements (say less than 6 months) might not be bad, a simple repeal of section 608's requirement of court ordered removal would be a serious policy error for several reasons. Existing evidence suggests that some so-called voluntary placements in fact are informally coerced, not unlike guilty pleas in criminal proceedings. When state coercion is used to remove children from parental custody, independent judicial review is needed. Moreover, state programs providing alternative supports and services would obviate the need for many unnecessary voluntary placements. Voluntary placement provides no independent check of a social worker's determination that placement is necessary in a given case. Federal reimbursement for voluntarily placed children would create a financial incentive in exactly the wrong direction. Finally, existing data suggest that the average length of stay in foster care for children who are voluntarily placed is at least as long as for children who are removed after a court determination. Put another way, they are as likely to remain in limbo as children removed by a juvenile court. Because welfare departments are typically not accountable to anyone for what happens to these children, children who are voluntarily placed are quite often the "orphans of the living."

V. CONCLUSION

In the foster care area, good intentions are no substitute for a hard headed appraisal of the effects of existing policy. Present day policies are based on the high sounding rhetoric of seeking to determine on an individualized basis what is the best interests of a particular child. In fact, state officials have unchecked power to make determinations, although they lack adequate information, predictive tools, and proven methods of therapy, and our society lacks a consensus on the values that should underlie the determination of what is best for children. In most cases, what is best for a child is highly speculative and indeterminate, and the existing standards simply provide broad discretion for state intervention.

Indeterminate and discretionary standards for child protection (1) give government officials too much power to second guess decisions ordinarily left to the family; (2) allow judges to exaggerate the risks to children remaining in parental custody and underestimate the risks of foster care placement; (3) allow removal under circumstances where the child might be protected within the home; and (4) fail to require that the social welfare bureaucracy and the juvenile court make adequate plans for children who are placed in foster care. Legal standards both less ambitious and more determinate than the best interests of the child can correct some of these deficiencies and focus attention on the essential task: the enforcement of standards that protect children from substantial harm. While avoiding the temptation of simply enacting a federal juvenile code, Congress should act to create much more appropriate incentives for states to reform their own foster care systems in a way that better reflects the proper relationship of the family to the state and the state to the federal government. In the process our nation's children will be better served.

STATEMENT OF ROBERT H. MNOOKIN, PROFESSOR OF LAW, UNIVERSITY OF CALIFORNIA/BERKELEY, ACCOMPANIED BY JESSICA S. PERS, RESEARCH ASSOCIATE, CHILDHOOD AND GOVERNMENT PROJECT, UNIVERSITY OF CALIFORNIA/BERKELEY

Mr. MNOOKIN. Congressman Miller, thank you very much. Congressman Biaggi, I think this committee is to be commended on shining some light on a system which, in most communities, is largely invisible, and I very much appreciate the opportunity to come here.

Most State foster care programs in this country are desperately in need of reform and are really a mess. My hunch would be, in most American communities, if someone went to the responsible State agency and asked them how many children are in foster care, how long have they been there, how many homes have the children been in, they wouldn't be able to tell you, and, indeed, the response that HEW gave to you some months ago when you asked how much Federal money was being spent on foster care is only too characteristic of this entire system.

It is a system without purpose. It is a system without accountability. And it is a system that, unfortunately, has serious detrimental effects on a significant number of children in our society.

Were this a State legislative reform committee, I would find the task of describing how I think foster care ought to be performed fairly straightforward, and, indeed, with others in California, we have been pressing very hard for some legislation which was just enacted on an experimental basis that would insure that, first of all, the standards for initial removal, allowing removal of children from parental custody, were considerably tightened up so that no longer would children be removed from parental custody because a social worker or judge thought the home was dirty, and instead would require the State, under the new California standard, to focus on the question of whether children might not be protected within their home, an alternative which often is considerably less expensive.

A second problem in most States is that, after removal, as the record in this hearing already suggests and as I am sure you are altogether aware, typically the natural parent or parents of the child receive no attention whatsoever, on the one hand, and, on the other hand, the child never passes through the foster care system to adoption.

My own studies in California and those of everyone who has really looked at the problem—and there have been lots of studies—all say the same thing. After kids are removed from parental custody, very little attention is focused on the natural parent, on the one hand, to try to rehabilitate or correct the deficiency that led to the removal in the first place. On the other hand, inertia, bureaucratic insensitivity, and a system without any accountability lead to very few of the kids in the foster care system ever being adopted, even though in most States in this country the number of parents who wish to adopt children is enormously long. The demand for children to be adopted is tremendous. Despite this fact, the number of kids in foster care in most States has grown over the last decade, and very few kids ever leave the foster care system to get adopted.

As I say, what the California legislation does and it would do for the first time is require not simply a perfunctory annual review, which we have already got and which the HEW regulations require. You read some data earlier which suggested what I found in one California county, and that is, typically, these annual reviews are 2 minutes, perfunctory. Nothing ever happens to move the child out of the foster care system, but instead start setting time limits to see that after a 12- or 18-month period, if, despite attempts to rehabilitate the parent, the kid still can't go home—at least the younger children—the statute would mandate that the possibility of adoption be investigated and, if possible, the child be provided some stable long-term alternative.

Now, as I say, the critical issue for you here at the Congress is what the Federal Government ought to be doing, and right now the Federal Government is like an irresponsible rich uncle who is passing out money without any knowledge even where it is going, to nephews and nieces, irrespective of how they are spending their time or their money.

Now, I have considered two rather radical alternatives. I propose neither, but I think they are worth thinking about.

The first question, which I think is an open one, is whether the foster care systems in most States are any better because of Federal involvement to this point, and indeed I think a substantial argument can be made that the Federal money that has been provided to States has relieved financial pressure that might otherwise have goaded States into reforming their own typically extremely expensive foster care systems.

Mr. BIAGGI. Or, as an alternative, do nothing or do less because they don't have the moneys.

Mr. MNOOKIN. And I must say—although this too is a fairly startling thing to say—I fear that many children now in foster care would be in substantially better health emotionally if the State had done nothing, because too often now in some States kids are removed altogether unnecessarily in my view.

A second alternative, if one extreme would be for the Federal Government to turn off the spigot so no more Federal dollars flow for payments under title IV(a) of the Social Security Act, would be for the Federal Government to start drawing increasingly detailed regulations as a condition for Federal reimbursement, and I must say that my first impulse is to make that very tempting.

I mean, as a law reformer, it occurs to me: Well, wouldn't it be terrific. We will get the Federal Government—we will get HEW or Congress simply to enact a statutory framework very much like others we have been pushing for in California as a condition for Federal money.

Now, that alternative also gives me pause, to be quite honest, and the reason it gives me pause is because I think in our Federal system the juvenile justice system traditionally has been the province of the States. As a law professor, I guess I could dream up a justification under the commerce clause and perhaps section V of the 14th amendment for congressional power to enact a national Juvenile Justice Act for dependent, neglected children. I must confess I find that rather inconsistent with many of our national traditions relating to the allocation of power and responsibility between the Federal Government and the State.

Well, what do we propose? What we propose is that title IV of the Social Security Act be amended to make the amount of Federal reimbursement to a State dependent upon that State's performance.

Indeed, what we propose is that basically States get a higher percentage of reimbursement if, on the one hand, they can demonstrate that they have programs that effectively keep kids out of foster care, and also demonstrate that they can cut the length of time the children stay in foster care.

In short, what I suggest is Federal legislation that develops performance criteria to evaluate how well States are doing. I do not propose the Federal Government get in the business of simply having increasingly detailed regulations as a condition for reimbursement or not.

What I suggest is legislation—it is spelled out in more detail in the written statement—that in fact makes the percentage of Federal reimbursement not dependent simply upon the wealth of the State, but instead depend on how well they are doing. That is my first recommendation. Right now the percentage of reimbursement depends basically on where a State falls in terms of per capita income by one of two formulas.

My second recommendation is that I think the Federal Government ought to fund experimental programs that hold promise for keeping kids out of foster care. The Federal Government can set an example by providing the seed money to try new things.

The third thing the Federal Government can do—and it is something that we desperately need—is to insure that States start collecting and providing adequate information on what is going on in the foster care program.

Earlier, we heard about the need for financial audits. Apart from financial audits, we need all kinds of human audits. Someone ought to be collecting data on a regular basis and distributing that data so that the public can start learning what is happening to these children now in foster care.

In closing—and I guess what I would like to do is close on a negative note, and that is to suggest a few things about which I am a little skeptical whether there would be substantial reforms or not, but they are things that are talked about and worth mentioning in a minute or two.

First, it is sometimes suggested that what the Federal Government ought to do is remove the requirement that for Federal reimbursement kids have to be placed by a court. In favor of this, many feel that the juvenile courts aren't operating very effectively, that it stigmatizes the kids and their parents to be declared dependent and neglected, and I can simply report from the California experience that, although it would not necessarily be a bad thing for the Federal Government to support voluntary placement for a limited period of time—maybe up to 4 or 6 months—it would be a very bad thing to amend section 608 of title IV simply to provide funding, irrespective of whether the kids go through court or not, because what that in effect would do is simply create incentives for the continued operation of a system that, if anything, is less accountable than the system where kids go through juvenile court.

A second false salvation, I think, lies in mandating caseloads, mandating licensing requirements, mandating credentials. All of these things, in my view, are relevant. We can find extreme cases where with caseloads of 80 or 90 it is impossible for a social worker to provide any attention to anybody, but the difficulty is that what is really essential in terms of the care for the kids is something that basically we don't know how to measure very well, and that is how much the person responsible for the child, who has the day-to-day care, in fact cares for the kid. Licensing requirements tend instead to focus on physical facilities and credentials, things which, as I say, aren't irrelevant, but aren't really what is at stake, and I say this only to caution you against thinking you have solved the problem if all you do is simply impose stricter licensing requirements of various sorts, higher credentialing requirements——

Mr. Biaggi. Wouldn't you think that, if you had credential requirements—in many places, we don't have any requirements, physical requirements—that it would be salutary?

Mr. Mnookin. I think the proper thing to do is to mandate minimum requirements, not aim for optimum. In terms of minimum requirements, if one can identify what you think the minimum are, that is fine, but I think I am dubious as to whether minima with regard to credentials, in terms of the person caring for the child, is really focusing on the right thing.

Mr. Biaggi. I don't think that can be measured. You are talking about human qualities that really I don't think are susceptible to measurement, because some people relate to different children in different degrees.

I am talking about establishing minimum standards. You have heard some testimony today where you have had terrible conditions all over the State. I have witnessed them. I have made any number of forays out into New Jersey and into New York, and I have witnessed the physical conditions.

We have, well, a number of basic needs. We may have some requirements now, but, notwithstanding those, we have bad conditions. When you leave New York and New Jersey, that are supposed to be ostensibly progressive States, and you go into other States, that are antediluvian in nature, and look at the children as expendable, to say the least, I think the establishment of uniform minimal standards, at least from the Federal point of view, would be beneficial.

I happen to agree that, if we could transfer all of these responsibilities to individual States, the enforcement would be easier. You would have closer and tighter supervision. But I am also realistic enough to know that, unless the Federal Government comes in with the leverage of money, as we have witnessed in many other areas—civil rights and in every other situation—unless the Federal Government gets in there with the leverage, nothing is going to happen.

Mr. MNOOKIN. Congressman Biaggi, I am not recommending the repeal of all licensing requirements, and I am not saying that there shouldn't be any licensing requirements. What I am suggesting is that there are some States now that have fairly strict licensing, fairly detailed licensing, and I am simply reporting that my own observation is, if you look at the foster care systems in those States, they are failing, and I suggest this simply because it is pretty easy to get a group of experts to write down on paper what the minimum should be.

Mr. BIAGGI. You said something I think is critical. You say they are failing. Why are they failing?

Mr. MNOOKIN. In my judgment, they are failing because, first of all, in those States that do have licensing—California is one of them—lots of kids are put into foster care without first exploring whether there might not be ways of protecting the children within the home; and, second, because there are kids in limbo in foster care, in the best institutions, the best foster homes imaginable, who are still drifting in foster care, and licensing in itself doesn't solve that.

Mr. BIAGGI. You made my point. I don't think licensing relates to what we just discussed. You made my point. If you were here when I testified, you might recall I made one statement that it should be our objective—it should be the objective of all of those involved with foster care institutions and foster care to eliminate the need, to finally go out of business. It will never go out of business.

Mr. MNOOKIN. That ought to be our goal though and I share that view. I share that view with you.

Mr. BIAGGI. I am sure you do. It is my belief that you do have—I won't know what kind of relationship you would call it, but self-serving, if you will, that, once we start in these areas, institutions must get bigger, bueaucracy must get bigger. It is a natural development. And if you tell me that is why the foster care program is failing. I agree with you, because I would discourage the referral to foster care institutions. I would prefer the individual family in preference, but everybody is not suited for that. I would like to refer to it really as a major industry, and, like all major industries, they are going to prevail. They have lobbying forces, and again—and I must emphasize and make the distinction—there are many people involved in these areas that are committed, dedicated people, who share our mutual concerns about the welfare of the children, but I think overriding and more compelling is the force that has developed because of the large industrial nature of the issue. If you tell me that is why foster care is failing, I will agree with you.

Mr. MNOOKIN. Exactly on that point. And the final thing I have to say is that I think a number of witnesses this morning have correctly pointed out the fact that there are many for-profit institutions that are treating children very badly. Presently, those institutions are not supposed to be reimbursed under title IV. I simply want to suggest it is only part of the problem and in fact most children today in foster care: (*a*) Are not institutionalized; and (*b*) are the responsibility of public agencies. And, if there are incentives, I think this relates quite directly to what you just said—if there are incentives for for-profit treatment centers to expand and increase their profits, although there isn't a bottom profit line for most county welfare departments and most county probation departments, I regret to report that my own observation confirms, I think, what your intuition is, and that is that there are public agencies today which, although not operating for profit, have the same pressures to keep the beds filled, to keep the social workers and probation officers and counselors employed. What we really have is a system, an entire system, where the incentives have all too often very little to do with the welfare of children.

Mr. BIAGGI. I would like to make one observation, Mr. Chairman, and then we have the quorum. I would be satisfied—and I am being very practical and realistic in my evaluation of the total picture—even if they maintained the total population and if they expanded it, as far as numbers are concerned, if they would have a sufficiently aggressive and productive and effective permanent adoption service. You can maintain the numbers and have your profits and have bureaucracy and indulge yourself, if you will, but get the young people and process them and make them eligible for adoption, see that in fact they are permanently adopted. If we can increase that percentage substantially, in my judgment we will have made the most substantial contribution we could make.

Mr. MILLER. If we might, we have a quorum call. We will recess for a couple of minutes to go answer the quorum call. We should be back within about 10 minutes.

[A short recess was taken.]

Mr. MILLER. If we might go ahead and proceed, Mr. Mnookin, do you have additional statements you wish to make?

Mr. MNOOKIN. I would like to open it up for questions.

Mr. MILLER. Ms. Pers?

Ms. PERS. I have no statement.

Mr. MILLER. Well, first of all, I want to know what county you looked into, in terms of the annual review. What county?

Mr. MNOOKIN. It was Alameda County. I must say that my study was replicated in a peninsula county by Michael Walk of Stanford University, who found exactly the same thing. Lest we think that Alameda County's foster care program is any worse, I think in some ways it may be better than that of lots of other California counties. I simply want to suggest that my own observations, although I have systematically gathered data from these other places, is that it is not atypical. I mean the typical annual review by courts is perfunctory and does very little to either push kids back home by seeing that their parents get services or out of the foster care system through adoption.

Ms. PERS. I think the only thing that makes Alameda County slightly atypical is that all of the children go through this process, since there are no voluntarily placed children in Alameda. They have everybody go through the courts, so everybody is getting this 2-minute perfunctory, absolutely useless review.

Mr. Miller. Why are there no voluntary placements?

Ms. Pers. They don't have money, the claim is. Most go through the 608 section because of money.

Mr. Mnookin. I think there is a substantial incentive now to have kids go through court, and that, of course, in itself doesn't solve any problems. I simply want to suggest though—I don't think it would solve problems to repeal what is now the 608 requirement either, because, unfortunately, while there is no evidence that voluntary placement works any better than court-ordered placement and, indeed, in many cases it is the kids who are placed in courts voluntarily who have the least supervision——

Mr. Miller. I don't think it is a question of whether or not we argue the repeal of 608. It is a question of whether or not it is carrying out the function for which it was designed. It was designed as an additional safeguard as to the involuntary removal of that child from the home.

Mr. Mnookin. I think it does provide much of a safeguard.

Mr. Miller. It seems that now it is simply a means by which you can funnel additional Federal funds to support your system. If it doesn't provide the safeguard, what does it do?

Mr. Mnookin. I think it does not provide a substantial safeguard, and what it does do is limit Federal reimbursement to some, but not all cases. The question is what to do about it. I think it is there that I really feel something of a dilemma because—and I must confess—I am tempted to say: "Well, maybe the Federal Government really ought to, if the Federal Government really is going to go into the business, it ought to go into it in a big way and start really with great specificity saying what States have to do."

The difficulty is—what I suspect will happen is very much what happens in many States now, and that is that there will be lots of Federal requirements, on the one hand, but there aren't going to be lots of Federal people, on the other hand, in going out and administering the program, and the reality won't be very much changed.

Mr. Miller. In the study you did, "Somebody Else's Children," you commented that very little was known about the population in foster care. Very little direction was given on what the effects were on the children, or what the numbers of AFDC children and non-AFDC children in the system were.

I assume from your opening remarks this morning that little has changed in those 2 years, that we still don't know very much about that population or this aspect.

Mr. Mnookin. In California, data collection has improved in the last 2 years.

Mr. Miller. Is that because of the increased involvement by the Children's Bureau of HEW or is that because of local pressures?

Mr. Mnookin. Local pressures at the State level. The State has been for the first time requiring counties to start collecting more data, but it certainly has not been in reaction to anything done at the Federal level, to my knowledge.

Mr. Miller. Do the statements this morning about vague regulations, lax enforcement, or lack of direction hold true as far as your involvement in the California system?

Mr. Mnookin. Absolutely.

Mr. Miller. But what has been done there has been done at the behest of the State.

Another question raised in your study concerned the collection of data. HEW basically relied on, and the State relied on private organizations to tell them about the population, what was going on, what needs were being met, and what success ratios were.

My concern is that you may find a conflict of interest within some of these data collecting agencies in foster care in terms of either financial involvement or an interest in maintenance of the system. Do you have any experience or reason to believe that that is or is not so?

Mr. Mnookin. My experience suggests that very little effort is made in most cases, whether by private agencies under contract or public agencies, to collect information on children in foster care, and I cannot really appraise what difference it would make whether the collection was done by a State agency of some sort or under contract.

Mr. Miller. Congressman Biaggi raised the point and others have raised it at prior hearings. Everybody seems to be concerned about it. To what degree has the Federal Government provided the incentive for breaking up the family, because we don't go into a crisis situation and try to deal with it on a rational basis, to hold it together and deal with whatever that problem is. In spite of the intent of the law to maintain the child in his own home or the home of a relative, it is very clear that the first action really is simply removal. Is that a fair statement?

Mr. Mnookin. Well, I think the way I would put it is that most children are removed without any kind of close exploration of whether they might be protected within the home, and there is certainly nothing in either the Federal statute or regulations or the laws of most States that requires that kind of examination. Instead, vague standards relating to the best interest of the child, the welfare of the child, permit individual social workers and judges to make highly discretionary decisions, and I think a primary task of reform in this area is to replace the shibboleths with concrete, specific standards that require, before a child is ever removed, that there be an examination of whether they can't be protected within their own home.

Mr. Miller. What generally is the crisis that arises in the family which drives the child from the home or causes a social agency to remove that child? We are now protecting the child from the family. I mean: Is it drinking in the family? Is it financial problems? What are we really dealing with or what could we possibly be dealing with in a positive manner if we were to get involved?

Ms. Pers. I think it is—the usual term in most studies is "constellation of family problems," which doesn't tell anybody anything. A lot of children who are removed are from single-parent families where there is a mother who just cannot take care of herself and also take care of her children, people who are unemployed, people who have drug problems or alcohol problems. They are usually overwhelmingly poor families. Children who are removed are usually children who are known to a social worker or agency in some other way before the family is ever broken up.

And the kind of things that people have proposed to help families get over these problems include things like respite care, so that a mother who just cannot take it being in a house with a child all day could leave a child in a day care center or a respite care center for an hour or two and go look for a job, if that is what the problem is.

Counseling for parents' employment, counseling as to legal help, day care centers in general would help. Homemaker services are exceptionally needed. A lot of the worse cases seem to be where they take a child from a home simply because it is dirty, and dirty homes aren't nice to social workers and judges, but they can be cleaned with some help. And it could be a nutritional counselor because the mother doesn't quite know how to feed a child well and the child is not getting enough nutrition and is coming to school hungry.

Mr. Miller. The situation you described is one in which, but for that circumstance, the single parent or the family would want the child home. My concern is that we get into a very elaborate, costly procedure. If we take the $500 and put it into that home, to purchase child care, the parent will be able to get out of the house. What I am trying to determine is: Do you find that if this were done, you would really relieve the tensions that are bringing about the problem?

I am not suggesting that you simply double the income of every family, but again my concern is that we are looking for in-kind services to answer the problems of poverty.

Mr. Mnookin. I think what your question suggests is that a reasonable place to start, although it seems at first glance rather far removed from the foster care system, is with a decent income maintenance program. I think there are some children put in foster care—I don't want to say "most," I don't know that—but some children who are put in foster care ironically because of the poverty of their parents, where the State ends up spending much more on the child outside the home than if there were an adequate income maintenance program within the home.

The difficulty is something I sometimes characterize to my students as the Vietcong problem. You may recall that during the Vietnamese war, some budgetary analysts figured out that it was costing $60,000 for every VC who was killed, and somebody suggested why don't we simply offer $20,000 for people to lay down their guns.

Well, in fact, ironically, if you look at this whole social welfare system, we spend on average maybe $500 to $1,000 a month for children who are institutionalized, and people say: "Why don't we take that money and simply pay foster parents more?" Well, if you compare the amount paid to foster care parents to the amount we pay AFDC mothers to care for their own children, it is substantially higher. And the great difficulty is that in a system where the income maintenance level of the general welfare program is so low, the possibility of substantial services for only some small group of a much larger group that might otherwise need them creates real difficulty in terms of who gets them and who doesn't get them.

Mr. Miller. I am not intending to offer the solution. It would appear from the testimony this morning by GAO and others that, for those who are worrying about unjust enrichment of a family unit what we are doing now is disbursing money with very little accountability.

Mr. Mnookin. Absolutely right.

Mr. Miller. So, to deal, as you always do, with the question of welfare frauds, welfare cheats, or what have you, it seems to me that the social workers would be better able to deal with the child in a locality to which they can drive rather than fly, and see what is going on with that money. You know, if it is being used for a Cadillac, that is one thing. If it is being used for child care, that is another. At least we ought to try it. It ought to be one of the alternatives. It is an experiment to keep the family together.

Mr. Mnookin. Absolutely, and I simply want to endorse your notion that what we ought to be doing is devoting some money to providing substantial services to see if we can't keep kids out of foster care through the provision of services. And ironically now with title XX, foster care services are simply part of the title XX grab bag, and I don't think HEW can tell you now what money next year States are going to be spending on services to prevent foster care.

Mr. Miller. Someone said there is only $1.7 million spent on any kind of research at all in the Children's Bureau. Is it realistic in your experience, to talk about providing an amount for the family, another amount for the relative, another amount for the neighbor, and another amount for the person in the same school district or the same city, so that the child doesn't lose all points of reference by being carted away to that area designated to have an institution? Does that make sense?

Mr. Mnookin. Absolutely; and indeed I simply want to endorse and advance what I think Mr. Berzon is going to speak about at some length. I have read the written statement and that is the notion that, first of all, we should make every effort to protect the child within the home, and, second, if the child must be removed, I think it is better that the child be placed with a relative or friend known already to the child as a first choice, and, second, that the child be placed as close to home as possible. You don't have to ship a kid from Virginia to Texas in order to insure that there is no more parental contact between parent and child. You can simply have a Los Angeles kid placed in San Diego County or you can have a San Francisco kid placed down in the peninsula where there isn't very good public transportation, and you have been just as effective.

Mr. Miller. You can place him in San Francisco for that reason. [Laughter.]

We have some other witnesses with a time problem, but I want to ask you something. Obviously, when you start removing the child from the home you must consider that a relative is one thing, a neighbor is another, and an institution is another. You have that problem when any determination is made and, hopefully, it is one based upon fact. If that family is not suitable for that child, how do we terminate? You have touched upon it to a degree in your written statement. At some point, hopefully in a limited number of instances, you have got to say that they cannot continue to hold that foster child. Let me ask you if I am operating under a myth. I am told time and again in the county that I represent that people want to adopt this child, but the biological parent says "no." And yet, you say: "We will take the child and put him back in the original home," and they say: "No, I don't want him, but you can't adopt him." At the risk of getting a lot of mail about the Child and Family Services Act, how do you terminate that? If we cannot set up the procedures to temporarily remove the child, how do we allow that procedure to happen and also provide protections to the family?

Mr. Mnookin. I think what we have to do is view the entire system. First of all, insure that no child is removed unless there is an immediate and substantial danger to the child's health and the child cannot be protected within the home. That means that you are not going to be removing marginal cases.

Second, after the child is removed, I think the Government should have an affirmative obligation for some period of time to try to rehabilitate the parent and reunite the child with his or her natural parent. Today that doesn't happen.

Third, after that reasonable period of time, if, despite these efforts, the kid still cannot be returned home safely, I think what we have to be prepared to do, particularly for younger children who can be adopted, is terminate parental rights and have the child adopted.

Today the system breaks down in all respects. First of all, many of the people operating within the system feel guilty because the kids who are there in the first place probably shouldn't have been there.

Second, very few efforts are made to terminate parental rights. When no services have ever been given to the parent after removal to try to reunite the child, termination seems pretty harsh.

Unfortunately, there seem to be now very few incentives, financial, psychological, or emotional, for the people operating within the system to get kids out of the system through adoption, and, as a consequence, too many children are really doomed to drift in foster care, the wards of a largely indifferent state.

Mr. Miller. Unfortunately, your second point about the burden of the State in keeping children in a natural home and that of relatives, is already the law, but apparently that is not enough.

I want to thank you. I am sorry. I would like to continue some of these discussions with you, and, although I took a pledge I would never go back to a law school ever——

[Laughter.]

Mr. Miller [continuing]. When I get out, maybe I will cross over the hills and come see you and we can pursue the last point which is a delicate one. Congressman Biaggi and Senator Cranston and others are concerned about the adoption procedures. How do we get some of these children eligible that can really have a very positive impact on their families? So I hope that we can continue these discussions.

Thank you very, very much.

Mr. Mnookin. Congressman Miller, thank you for inviting us.

Mr. Miller. The next witness, because of a time problem, if it is all right with the other witnesses, will be Beverly Stubbee. Ms. Stubbee is project director for Standards for Foster Family Services Systems, the American Public Welfare Association.

We welcome your presence. Proceed however you would like. Your written statement again, like others, will be put in the record in full. If you have time problems, if you want to highlight it or raise questions or whatever, feel absolutely free to do so.

[The statement referred to follows:]

Prepared Statement of Beverly Stubbee, Foster Family Service Consultant and Project Director, American Public Welfare Association

We appreciate the opportunity to appear before you today to provide information about foster family care. My name is Beverly Stubbee, and I am a Consultant and Director of an American Public Welfare Association Project, Standards for Foster Family Services Systems.

The American Public Welfare Association and the Children's Bureau have worked together during the past three years to develop Standards for foster family services programs, specifically related to public agencies. Prior to this time, Congress had considered the advisability of mandating Standards for services that public agencies would be required to meet in order to qualify for federal funding for intsitutional and foster family care. Although this section of H.R. 1, introduced in 1971, did not survive the final negotiations on the bill, work had already been completed toward drafting Standards by a national task force composed of individuals with child welfare responsibilities from federal, state, local, public, and voluntary agencies. The APWA project staff, in collaboration with Children's Bureau staff, then developed an updated statement of Standards which was reviewed by approximately 500 persons across the country for final recommendations. With this preparation, a document was published by APWA in March 1975—*Standards for Foster Family Services Systems*, which has since been disseminated to fifty-two states and jurisdictions for use in their foster family care programs. APWA working with the Children's Bureau has followed up with consultation services to states who wish to use the Standards in measuring their current program practices and in developing methods to achieve those Standards which they do not meet. Approximately twenty states are utilizing APWA's services and another ten are expected to be added during FY 1977. The state's decision to utilize these services and Standards is voluntary.

Since November, 1975, I have been associated with APWA as Consultant and Project Director. I have visited 21 states, working with departments of social services to upgrade their programs. I have talked with Commissioners and program directors, central office and field staff, front line social workers, persons from other agencies and foster parents. I have reviewed state studies and reports, manual and guide materials, and statistical data. While it is beyond one person's capability to know everything that is going on in foster family care, I believe I have a fairly realistic perception of some of the problems which face public agencies in carrying out their responsibilities to children and their families.

The Standards, as they have been developed and utilized, do not deal merely with improving foster homes, but with the entire system—including all services to children and parents, before, during, and after foster home placement; prevention of separation and development of alternatives to placement; rights of natural parents and children, as well as agency staff, budget, research, citizen participation and other components, totalling 20 Basic Standards and 20 Goal Standards. The Basic Standards have been developed to reflect level of performance below which services are questionable. The Goal Standards are intended to represent an optimal level of performance which public agencies can work toward meeting within a specified period of time.

In assessing the total service system in relation to the Standards, there are five major areas which affect the well-being of children which seem to be noticeably deficient in consistent quality throughout the country.

I. STAFF

While a bachelor's degree is generally the minimum educational requirement for a beginning social worker, some states allow a substitution of experience for education to the point where basic knowledge of child development and human behavior is founded in individual life experience. Valuable as they may be, this practice does not give assurance that sensitive family crises will be handled with maximum competence and awareness of treatment outcomes. Even with a BA required, social work training may not be specified. Adding to the problem is the probability that a new worker will be assigned a workload immediately, without orientation into program goals, case management practices, or the legal base upon which the agency operates. Staff development and continuing education over the past several years has deteriorated or diminished in many states. Manuals and guide materials have become obsolete, with operating procedures handled through memoranda and word of mouth.

Workloads are almost universally too heavy to handle with competence. The Goal Standards recommend a maximum average of 35 foster children and their families, while the Basic Standards accede to state agency constraints in suggesting an average of 45, including uncovered cases. In some states it is not unusual for a worker to carry a workload of 75 to 150 protective service cases. It is not humanly possible to handle all of the tasks and relationships connected with this number of children with any degree of planfulness or casework quality.

II. PHILOSOPHY OF PLACEMENT

When there is lack of preparation, orientation, and guidance, as well as readily available alternative resources, workers act upon the premise that family crisis means placement of children outside the home. Without the time for adequate planning, mutual goal setting and an action plan involving all parties (natural parents, the children, caseworker, other community resource agencies, and foster parents) children are placed, not into stability, but in limbo. Although the first days, weeks, and months are the most critical in a separation, and although it has shown that time spent here will result in shorter placements, the press of other cases and crises will not allow it. Natural parents are often left to their own meager devices in "shaping up" so that at some indefinite time, the children can be returned. Without planned review and decision-making points, no one can be sure of direction, making stability for the child impossible—either by planned return to the home or relinquishment for adoption. Printed information (handbooks) for natural parents, explaining their rights or what to expect from the agency is almost nonexistent.

III. COMMUNITY RESOURCES

Efforts to develop a Comprehensive Emergency Service are going on at almost a hundred sites around the country. Consisting of these components, (1) 24-hour social work services, 7 days a week, (2) in-home emergency caretakers, (3) emergency homemaker service, (4) emergency foster homes, (5) emergency shelter for the entire family, (6) older children's shelter, and (7) immediate outreach and follow-through services, this concept shows great promise for preventing unnecessary separation of children from their families. Data from projects in operation prove its efficiency in this respect, as well as in a significant saving of money.

For those children who must be placed away from their own homes, recruitment of foster family homes appropriate to the individual needs of children is essential. Unfortunately, there is rarely a sufficient supply of appropriate homes so that the best possible placement can be made. When recruitment efforts are successful, other factors may produce rapid dropout rates. Inadequate support by the placing agency is found in (1) preparation for placement by the social worker with time spent in developing an understanding of the child's needs, background, relationships, and planned goals, (2) regular visits to the home and opportunities for foster parents to participate in case reviews, (3) a placement agreement, personalized according to the child's needs and specifying the responsibilities of all parties, including those of the agency, (4) opportunities for foster parent training and education, and (5) adequate reimbursement based upon a cost related system and protection against possible risks and liabilities of caring for the child. There is disparity in cost/benefit relationship when much staff time is spent recruiting foster parents, only to encounter high turnover during the first months of experience with the program.

With the emphasis upon deinstitutionalization for children with special needs, juvenile offenders, mentally retarded, and physically handicapped, there will be an increased need for high quality foster homes and supports from agencies as described above. It is especially important to re-emphasize the need for realistic reimbursement rates. Taxpayers and elected officials have accepted cost-related payment systems for all other kinds of public care programs until it gets down to foster family care. Foster parents should not be expected to subsidize public programs because they are good hearted.

Coordination of activities involving other community programs such as alcoholic treatment and mental health is often missing in child welfare services. These agencies should be part of the teamwork in which all parties are involved (See Item II) in order to diagnose the problem and plan the action.

IV. REVIEW AND ASSESSMENT OF SYSTEM

Until an adequate data collection system is developed in all of the states, it will be difficult to reach conclusions as to how children are faring because of differential treatment methods or changes in agency policies and purposes. However, review and assessment of program should occur at least every five years, using currently developed Standards—such as APWA's in order to measure progress toward achievement of goals.

States are now beginning to improve their information systems and to develop programs to track children who enter foster care. Projects are being initiated to evaluate the appropriateness of placements and to develop goals and actions for permanence within the shortest period of time. If the problems described in the previous sections were corrected, visible results should be observable in statistical data within two years.

Appraisal of a child's situation at regular intervals should be part of every foster family service system. Whether or not an elaborate method of subjective description of the child's condition at specified periods, designed to fit into a federal reporting system, would have any ultimate beneficial effect upon the child is still open to discussion.

V. PREVENTION OF SEPARATION

A more productive expenditure of staff time would be to determine specific reasons for the necessity of placement of children, working from there to develop primary preventive services to families in order to reduce population at the beginning instead of at the end of the process.

The observations of the GAO in regard to opportunities for improving the well-being of children (Chapter 7) include a recommendation for educating children for parenthood before they are likely to become parents. I urge that this suggestion be taken up by our educational system, with courses in parenting included as requirements in secondary schools, and begun in a more fundamental way in elementary grades. Since most people in this country become parents, or consider having children, they should have the opportunity to learn about the realistic, economic, emotional, and social aspects of this most important part of life as early as possible. Not only would this represent a significant effort in preventing child abuse and neglect, but it could also show results in other public programs. An awareness of parenting responsibility also includes the expectation that parents support their children until they reach majority. The non-effect of this expectation is obvious in the AFDC program, where absent parents contribute only minimally to the support of their children. The total impact of public education in these formerly private domains is worthy of further experimentation and study.

CONCLUSION

The deficiencies in our foster care program relate basically to the quality of the components we provide. We must recognize the critical nature of public intervention in the lives of children and assure that when we separate them from their parents, we do so with the greatest wisdom and the most skilled practice in human relationships. Our current record is not good. There is much that we can do together to improve our systems. The issues I have brought to your attention today are appropriate places to begin.

STATEMENT OF BEVERLY STUBBEE, PROJECT DIRECTOR, STANDARDS FOR FOSTER FAMILY SERVICES SYSTEM, AMERICAN PUBLIC WELFARE ASSOCIATION

Ms. STUBBEE. There is always an advantage and a disadvantage in coming late on a program. By the time you get there, a lot of very good points that you were going to make have already been presented, but I am glad that they have been presented. The advantage is that you can bring out some of the things that have been forgotten up to this point.

You have my written testimony. I work with the American Public Welfare Association. Reference has been made earlier to an apparent lack of standards for foster care programs. APWA, working with the Children's Bureau, has developed standards, not for all kinds of foster care, but for foster family services systems.

This is our publication. We emphasize family service systems rather than just foster care, and we emphasize the word "system" because what I do is not just to do consultation to States in making their foster homes better or their foster care system better, but to look at their entire system which involves the foster child, the natural family, the agency, and all of the other resources in the community that work with this family in order to reach the goal that they are trying to achieve.

In my written statement, I have emphasized five different areas that I think are particularly important, and I want to briefly summarize them, without reading it over again.

I want to start out with a statement that I make in the conclusion, that I believe the deficiencies in our foster care program relate basically to the quality of the components that we put into them.

I don't think it is because we don't have strict Federal regulation, and I really have a strong question as to whether that is the answer to anything. But I think we need to look at what we put into the program and what we are trying to make do with and compare foster family service with the institutional care that was talked about earlier.

Most of the children in foster care are not in institutions, as has been stated. They are in foster family care. The kids that end up in the runaway homes or in the institutions of various kinds—I don't have any study to support it, but I imagine many of these have started out with experience with welfare departments, in foster homes, and various other kinds of placements. By the time they get into the institutions for difficult children, they have already had a lot of earlier experience living with other people.

The first point that I want to emphasize is the kind of people that are working in our foster care system. I don't think it is an exaggeration to say that most workers in our public welfare system that are working with foster children are young. Many of them have just come out of college with a bachelor's degree. Some of them do not have a degree at all and are working in this very sensitive area on the basis of tenure with the department. They have started out in other kinds of areas and, because they have been there for a certain number of years, they are advanced to the status of social worker, and their knowledge of child development and human behavior is based upon their individual life experience, and that may not have been very much at all. Even when it is long and valuable, this practice really does not give assurance that sensitive family crises can be handled with maximum competence and awareness of treatment outcomes.

There have been some credentials, and credentials aren't all that important. However, when I get into arguments of this kind, I say that, when I go to a lawyer, a doctor, I really want somebody who has that credential, even though he may be a bad lawyer or I might find that he is not a good doctor. But I want to base my selection on that credential and on that background of knowledge that he has gained or she has gained through study somewhere.

However, even when the BA is required, it can be in most cases in any particular area. So coming to the social agency as a social worker I with a bachelor's degree in history or in music—and I shouldn't have said that because I have a bachelor's in music myself. However, I was exceptional—we provide them with no experience in social work, no orientation into program goals, case management practices, or the legal base upon which the agency operates. And a case load is shoved upon that person immediately. I was talking to somebody yesterday who said that they usually give the new workers protective service cases because they are so difficult and dangerous and they are handed to them because they are innocent of what is coming. These kinds of cases, these kinds of families, should have the most knowledgeable, the most skilled, the most sensitive kinds of persons working with them, and this is generally not the case.

In addition to having no background, no experience, States are providing very little in the way of manual and guide materials.

My job involves consultation to as many States as I can crowd into my schedule, and I am now working with 20 and I am supposed to add on 10 more during the next year.

Mr. **Miller.** Excuse me. How many States?

Ms. **Stubbee.** Twenty now and another ten. It is going to be quite a schedule. My job is to help States to use these standards on a voluntary basis to assess their programs, and to make recommendations based upon the study of a comprehensive committee to the department and to the State to improve their program. It involves things like staff. It involves things like staff development, and it involves all the components that go into a good program. It is not mandatory, although, when they were put together, I understand it was originally intended to have it become a part of H.R. 1 and require that States meet these standards in order to get Federal funding. I don't know the reason why it was not left in there and I am not sure whether it should have been. I have not decided that yet. I think if States would voluntarily decide to do these things, it would be all to the better. However, there are reasons why they don't, and that mainly ends up with a problem of money.

It is not unusual for one of these new workers that I just described to have a caseload of protective service cases of 75 to 150. This is humanly impossible to manage, even if one were qualified to do it. So I have heard some tone today of blame on the States as though they were deliberately attempting to destroy programs and destroy lives of children. States say they have not the money, and certainly, if they are relying on Federal funds to provide them with the money for social services, with the kind of ceiling that is in existence now, it is a realistic cop-out.

Second, the philosophy of placement which is based upon the fact that workers deal in word of mouth instruction and supervision and through the years foster care has developed out of a need for an alternative to orphans' homes, for example. It has become so popular that workers are led to believe that this is the only thing to do when there is a crisis in the family.

It has been mentioned that children should not be removed until thorough examination is made of keeping that child in his family, but we need to do more than examine. I think workers would often agree that it would be possible to keep that child with his family, but, because the resources are not there to do so, the child is safer somewhere else.

There is in issue No. 3 the problem of community resources. There is a program which the Children's Bureau encourages and is providing consultation to States in a similar way to mine in developing a comprehensive American service program which consists of the components that would allow a child to stay in his own home, including 24-hour social work services, 7 days a week; emergency caretakers so that, when the social worker gets a call in the middle of the night on this 24-hour-a-day service, he goes to the home and finds a real emergency, where the child is in danger, an emergency caretaker can be called in to stay the night and provide some stability into the situation and not yank the child out of the home. I have heard it said that when a crisis occurs like this, one of the things you could do is take the parents out of the home and leave the children there. This is sort of in that same philosophy.

But one of the worse things that happens is that, first, through separation—One of the people I dealt with in another State uses this when they talk with new foster parents, to imagine back in your own childhood to the first time that you had a separation from your mother. It may have been a perfectly reasonable thing to do. She may have been going to the hospital to have another child. But your fantasies—the reasons for that separation are extremely traumatic. I think, as I remember my situation, it was when my mother went to the hospital to have a second child.

So explaining to a child what is happening and the damage that occurs at that first separation—if it can be avoided, it certainly should be.

Second, the philosophy of removal, if you are going to develop an alternative to that, the alternative often is to leave the parents out of the planning. If you leave the child in the home, hopefully the parents are going to be in the planning. Sometimes it is necessary to remove the child from the home and then we leave the parents out of the planning. In fact, many workers will say there needs to be a cooling-off period and we will not allow the child to see his parents or have any contact with them. It used to be sometimes 30 days, and imagine what is going on when the child is not allowed to see his parents, even though they may have been abusive. They are wondering what is happening.

Casework planning for a child is again often separate from those parents who have rights too, and we leave parents to rely on their very meager resources to shape up, and, when you have shaped up, we will give your children back to you.

And a case is reviewed—You can review a case every 6 months in a very compliant way to regulations, but, if you leave those parents out of the review, if eventually you hope to get the children back with the parents, every time you review it, they are not going to have shaped up, and you shut the file for the next 6 months.

So a team effort, involving all five of those components—the natural parents, as soon after the removal as possible; the child himself; the caseworker; the foster parents; and the other resources—and, whenever the case is reviewed, that team ought to be involved in what is going on.

Many caseworkers with the large caseloads they have, out of desperation, do place children and then, because of the next crisis that occurs the next day, do not have time to spend with that foster family, providing them with the kind of background information and help that they also need.

I want to emphasize particularly—and I am not being as short as I thought I would be—that foster parents and caseworkers desperately need staff development and education if they are going to be dealing with those children in a substitute way.

Foster parents that I have talked to have begged for the kind of assistance they need in dealing with the problems that they have been facing with the children they have been given. It is interesting that—and I want to make this point particularly strong—that every other kind of caring facility, from nursing homes, hospitals, custodial homes, group homes, institutions for children—every one of them is asking for a cost-related payment system, as is demonstrated in the kinds of money that are paid to institutions. Every one of them gets cost-related—I am not saying full cost, but cost-related, except the foster parent.

I heard a commissioner in a State say a few months back—

> I think foster parents ought to have a certain financial involvement in the care of the foster children. Otherwise, they don't have all the qualifications that we think they ought to have.

It has been said in some States that foster parents subsidize those children at a minimum of $1,000 a year. They ought not to have to do that because they are goodhearted, loving, caring people. If there is concern about the qualifications for foster parents, we certainly ought to be able to provide them with the kinds of reimbursement—I wish we could stop calling it board payments because it is more than that. They provide more than board and they don't get paid for anything more than that. In fact, sometimes they don't even get paid for that.

To conclude, I think that, if I were to make a recommendation, it would not be that the Federal Government come in with these standards or some other standards and say: You must absolutely comply with those or lose out on your Federal funding. I think, instead, that it would be better to encourage States to meet these standards through some of the resources that it is absolutely necessary to provide in order to meet them.

If you are going to spend a huge amount of money in regulation—and I know that that takes more money than people realize—instead we ought to encourage the good quality service that those regulations and those standards are written to do by helping States with quality staff, with enough money for staff development, for not only hired staff, but for the foster parents, and also through providing technical assistance at the regional Federal level in more than how to detect errors in the AFDC program and all the quality control accountability, money accountability kinds of things, that are being emphasized right now.

I do not intend to diminish the importance of that, but it seems that the technical assistance and service on program quality has been missing in the past 5 or 6 years.

Adoption is not a solution. By the time a child gets to his teenage years, he may not want to be adopted. If all the children in institutions were adopted out, you may be doing a lot of damage there too.

I think we should begin at the beginning of the process, to develop ways of—to repeat what the last speaker said, find out the reasons why children are being removed from their homes and provide primary preventive services at that point.

There are some demonstration parenting programs going on. Of all the things that you have to learn in school in order to get a job and to survive economically and socially and so on, most people do become parents or at least think about it, and we provide very little, if anything, to develop that skill, and it doesn't just come naturally, as we see by the whole issue that we are talking about today.

Mr. MILLER. Let me, if I might, address a couple of questions. I have been handed additional notes that there are other witnesses with a time problem.

You referred in your statement to institutions for difficult children. What are you describing?

Ms. STUBBEE. Where did I refer to institutions for difficult children?

Mr. MILLER. In your verbal statement.

Ms. STUBBEE. What was I referring to?

Mr. MILLER. What were you talking about there? Were you talking about foster-group homes or single-family homes? Institutions?

Ms. STUBBEE. I would have been talking about group homes, group homes primarily, small or larger group homes. Children that are not able to get along in their parental homes.

Mr. MILLER. What concerns me is an institution for a difficult child.

Ms. STUBBEE. I don't remember mentioning that term "difficult children," so I am not really able to respond to that.

Mr. MILLER. In part of your testimony you talk about staff and bachelor's degrees and credentials and the choosing of services. You wouldn't exclude a potential staff member because somebody didn't have a B.A. degree, would you? Are you saying that is the minimum entry?

Ms. STUBBEE. This is an argument that there are several sides to. My point of view is that a minimum entry for a beginning social worker should be with a bachelor's degree with some training in social work.

Mr. MILLER. I think you make a very important point and I meant to get into it with Mr. Mnookin. This is the question about the semiannual review or the annual review and the degree to which parents were consulted, either in the 6-month period prior to the review or during the review.

It would suggest, if I read his testimony right, that social workers simply are not involved in what has gone on in the family during that time. It doesn't appear that the judge or the social workers sit down with all the parties and ask them to assess where they are.

Ms. STUBBEE. Not generally. I think the problem that he also—or the last speaker mentioned—that, when a parent is not willing to relinquish the child, yet does not want the parent back, it is a direct result from the fact that that parent has probably not been involved during the whole time of separation.

Mr. MILLER. I hope that you will leave a copy of the standards with the committee. I don't know if we have it or not. I am not sure we have that particular copy.

Ms. STUBBEE. I would be glad to leave it.

Mr. MILLER. They are strictly voluntary. I mean a State says in good faith they are going to adhere to these standards. They are guidelines by which they can measure their system, but in fact there is no sanction, there is no requirement. A State can in effect say: "Fine, we are going to abide by these standards," and do nothing more than that.

Ms. STUBBEE. They have that ability, that power, to not do anything. The process that I use in the States that really go into it is to develop a committee composed of not just departmental people or State agency people, but also community people, legislators, foster parents, a whole range of people who are concerned about children so that they can influence the State legislature to also provide some of the resources that are necessary, and they are Federal legislators also.

Mr. Miller. Providers of services are included?

Ms. Stubbee. Yes; they are. Certainly foster parents, since mine is a foster family system study, not institutional.

Mr. Miller. Children?

Ms. Stubbee. We don't have children on the overall committee, but children are consulted as they are found appropriate.

Mr. Miller. Thank you very much for taking time. I am sorry if we delayed you, but the hearing has gone longer——

Ms. Stubbee. I am on to my 21st State.

Mr. Miller. Our next witness is Steve Berzon. Mr. Berzon is an attorney with the Children's Defense Fund. Before you start, I just want to ask one question. We referred earlier to the labeling classification of children. If I am not mistaken, Children's Defense Fund has done a study within educational systems about who ends up educationally handicapped, is that correct?

STATEMENT OF STEPHEN P. BERZON, CHILDREN'S DEFENSE FUND

Mr. Berzon. We have done children out of school and the reason children are excluded from school. That is one aspect.

Mr. Miller. For people who are concerned about that or didn't know about that study, I wanted for the record to let it be known that it was available.

Go ahead and proceed however you wish. I just want to state that there are a couple of other people who have time problems.

Mr. Berzon. I will try to be brief, Mr. Chairman.

First, I would like to thank you for inviting me to testify here today and also to congratulate you on your endurance today. This is an important problem and all too often it just is swept aside and not dealt with, and it is time that it be brought to light and we are beginning to do that this morning.

I would like to share with you today a case study involving a State's use of the federally financed AFDC foster care program to send hundreds of children away from their families and home communities to distant out-of-State institutions where they suffered great abuse.

The State is Louisiana, but the situation is not unique to that State. Currently the Children's Defense Fund is preparing a report on the placement of children by welfare departments in distant institutions, not just out-of-State, because the State lines aren't really the point, as Mr. Mnookin said. And our preliminary results indicate that it is a widespread practice and certainly is not one just participated in by the State of Louisiana.

In the Louisiana case, we discovered that hundreds of foster children had been placed in private out-of-State institutions, primarily in Texas, but not exclusively, by Louisiana welfare officials.

Many, though not all, of these children suffered from various handicaps such as retardation or emotional disturbance. Others were labeled with various handicaps, but were simply children who, because they were adolescents or had difficult home environments, were hard to place.

Due to their distant placements, these children were completely cut off from their families and home communities. To return the children either to their families with appropriate supporting services, many of which were discussed earlier by Mr. Mnookin and Ms. Pers, or appropriate residential placements within reasonable proximity to those families, we initiated litigation in Federal court on behalf of those Louisiana children in Texas.

The trial was held in March. It lasted a full month. Extensive testimony was taken, as well as depositions, and thousands of pages of exhibits, and the evidence revealed that:

1. In many instances, children were placed in absolutely atrocious conditions. The court found—and this isn't just a question of our findings to the court in our proposed findings which we submitted, but in the court's opinion—the court found that children were physically abused, handcuffed, beaten, chained, and tied up, kept in cages, and overdrugged with psychotropic medication for institutional convenience.

At one school which had 100 children in Texas, all 100 children, funded by the State of Louisiana, with Federal funds in many instances—the doctor who prescribed the medication conceded that he did so because of staff pressure.

2. Since the institutions were out of its jurisdiction, Louisiana had no real ability to and, in fact, did not monitor and supervise those out-of-State placements. There were no visits. Progress reports that were submitted were de minimus. In fact, the State specifically instructed in a memorandum the institutions to not submit detailed progress reports. Perhaps they didn't have enough time to read them.

We have supplied this committee with file inventories done of Louisiana case files which show that Louisiana had virtually no information on what was going on with these children it had sent away. Those are in the record. They were uncontroverted, and the State stipulated that in fact that was an accurate summary of those files.

3. Perhaps worst of all, Texas institutions were paid up to $1,500 per month to care for Louisiana children. And, in contrast, the testimony at trial revealed that Louisiana foster parents were paid a maximum figure of $150 per month to care for foster children, a figure admittedly below their costs.

A number of experts who visited the children in Texas testified that all most of them really needed was a good foster home with appropriate services in many cases because many of the children, although not all, did have handicaps, and that this would cost far less than the amount being expended for their care in Texas.

The State claimed it could not find enough foster homes, no small wonder given the limited amount it pays foster parents. It seems clear, as the court found, that, if the State were required to expend for a foster home an amount approaching that which it currently expends for an institution, many of the children could have been placed with families and could be placed with families today. Not only would the children benefit from such family placements, but substantial cost savings would obviously be realized to the State and Federal Governments.

4. In the case of Joey G., one of the children in the case, his situation is well illustrative. At the age of 2 years and 10 months, Joseph was placed by the welfare department in foster care. This was 10 years ago. The reason Joseph was placed in foster care was that at that time Louisiana had a rule, subsequently declared unconstitutional by the courts, that, if a parent deserted his family, the single parent could not begin obtaining welfare until 6 months had passed. The reason obviously was to make sure that in fact the father had actually left the home.

The mother had five children. She was in rather desperate straits. She had no money. She wanted to look for work. The welfare Department told her that it was just a technicality, that if some of the children were placed elsewhere for a short time—this was back in 1965—welfare benefits could then be paid under the AFDC—foster care program. In fact, the woman did have the children taken away.

The children were put in some cases with families. In other cases, with foster homes. Joseph spent the next 2 years in three different foster homes. One of them was an enormous institution. It had something like 100 children. It really was the equivalent of a receiving home.

During this period, his mother testified that she visited him as often as the State would allow. In many cases, she arranged with certain foster parents—not all would agree to this—that she could visit the child many times a week. She continually sought his return to the family.

Throughout these three placements, Joseph retained a very close attachment to his mother. A couple of years later, the mother remarried. She was in a position to reunite the family and she insisted that the children be returned to her. All the children but Joseph were returned to her. Joseph, they claimed, had emotional problems. The evidence appears from reading the case file that Joseph's problem was that he missed his mother and wanted to be with his mother. Yet, he wasn't allowed to join his mother.

Joseph was sent to an institution in New York. He was sent actually to two successive institutions in New York for many years and in Texas, and during the next 8 years he was never permitted to return home to visit his mother by the welfare department.

Obviously, the mother was fit, because the Welfare Department wasn't taking the other four children away from her. She continually contacted the department—it is all in the record, in written form in the case record—to obtain the child. Each time, they told her that he was doing fine at the institution, that he couldn't be returned. In fact, every time she contacted the department, there was a different social worker. She had something like 10 social workers over this 10-year period. Each time she called, she was told that person wasn't on the case, and she was referred to somebody else who had no idea what was going on.

The welfare department actively thwarted her attempts to reintegrate her son into her family. She wrote the New York facility in which her son had been placed, requesting his return to her. That institution recommended to the welfare department on a number of occasions in writing that the child was in a position to be returned home or, if the home wasn't suitable, to be placed in a foster home in his community.

The welfare department, when the institution finally raised its rates, without ever consulting the mother, sent the child to East Texas Guidance and Achievement Center in Tyler, Tex.

Six months later, the mother, on her own, located a special education program for Joseph in the New Orleans public schools. She had been told that Joseph needed special education. The welfare department refused to return the child.

The Texas institution at one point indicated that all the children were coming home for Christmas. Should Joey come home? The mother was contacted. She said she wanted the child home, and the welfare department and the school then jointly decided that it might not be in the child's best interest to return after all these years. He never returned home.

Finally, as a result of this case, Joseph was returned home. He has now been home for a year. The first 6 months were hell. We can expect that because he was away for 10 years. He had never seen his mother. Now he is home. He is an integral part of the family. He is in the public schools in New Orleans in ninth grade. He is not in a special education program and his grades are just fine. He never needed to be away during this period.

Joey was lucky because a number of eminent child psychologists and psychiatrists testified that, since parents could not maintain contact with their children who were far away, it is virtually impossible for such children ever to be reintegrated back into the families, the primary congressional objective in establishing the AFDC—foster care program.

The court issued its decision in the case—in the class action aspect of the case on July 26th of this year. It ordered that all of the children be brought back for thorough evaluation and that individual treatment plans be developed and implemented for each child. It further required the State to permanently remove all Louisiana children from certain of the worst of the Texas institutions.

But, despite its findings as to conditions in Texas and despite the court's agreement with the expert testimony on the need for close parental contact to facilitate the children's reintegration, the court found that neither the Constitution nor the Social Security Act in its present form required that foster children be placed within reasonable proximity to their families.

To accomplish this objective, which the court agreed was a proper objective, and the objective of placing foster children in a family setting, with benefits to the child and cost savings to the State and Federal governments, legislation from the Congress is required.

From our experience with the cost of such placements as those I have described, we would respectfully like to make the following two suggestions for legislative reform:

One, when children require residential placements outside their homes, they should be placed within reasonable proximity to their families and home communities. We argue that the Social Security Act implicitly requires that. The court disagrees. We think it should explicitly require that. And I might add that the term "within reasonable proximity to their families" would cover the situation of a child who has a particularly unique ailment that can only be dealt with in a specialized institution far away, because in that case, under all the circumstances, that institution might still be within reasonable proximity to the family. But the point is that for the child who doesn't have an ailment, the real meaning of "proximity" is near. That is the definition of "proximity."

Two, when children require residential placements outside their homes, they should be placed in an institution only, one, if a less restrictive setting such as a foster home or group home is inappropriate and, if a foster home or group home is appropriate for that child, the State must be required to expend for such a placement, if necessary to secure it, an amount at least equivalent to the cost of institutional care for that child.

There can no longer be any dispute as to the importance in our society of a child's growing up in a family setting, whether or not that child is handicapped. It simply makes no sense from any perspective to pay an institution thousands of dollars per year to care for a child whom the professionals believe could be placed with a family, while offering foster parents far less to care for that same child.

Now that the Congress has enacted S. 6, thanks in large part to the work of this subcommittee and, I might add, the present chairman, there is simply no excuse for institutionalizing most handicapped children. That statute, as you will recall, requires the public schools to provide all children, whether handicapped or not, with a free appropriate education. Thus, children do not have to be sent away to obtain an education. That education is already available, as required by law, in the home communities.

Second, not only must foster parents be paid as much as institutions—and on that point I might add that at trial, the court asked the director of the State welfare department, Dr. Stewart, the former Surgeon General of the United States, how he knows that he won't have foster parents. Has he ever offered them $200? $250? These were the court's questions—$300? $500? $800? He pays the institutions thousands a month. The answer was "no." Surely we have some respect for the market system.

[Laughter.]

Mr. BERZON. Second, when the child does need a more structured environment for a short-term period, it makes no sense at all to place that child so far from his family as to make reintegration into his family impossible.

Ms. Pers testified earlier about the need in certain instances for a family to have a child in a residential setting for a relatively short-term period. Children change and families change. The financial crisis is alleviated. The marital problems change. We all grow and change over time, and a family that cannot deal with a child at age 5 might be able to deal with that child at age 7. It becomes impossible when the child is sent far away.

Finally, I would like to close by quoting from a report that was prepared by the Louisiana Welfare Department itself investigating out-of-state facilities, to give this committee a flavor for what these children are suffering in Louisiana.

This is what the welfare investigators for the State wrote:

> There are telling signs that these children in general are far from being fulfilled. The yearning for home—or whatever they conceive of as their home—

> is ever present in all of them. This feeling came through poignantly as I talked to some of the children. Their tone and wistfulness left me with the feeling that they are 'serving time', away from home and for reasons they perhaps do not understand nor fully accept. Some accept their plight passively, others simply run away. Incidents of runaway seem especially high among the adolescent group.
>
> Our visit was undoubtedly very meaningful to the children with whom we were able to talk. That they may not have ever seen us before did not matter. The simple knowledge that we were from Louisiana was instantly soothing for them, for we were a tangible and personal link with home.
>
> They seemed to swarm around us (even those not from Louisiana) as though to consume us. We were someone to whom they could ask questions about home. They invariably did ask about home: 'Did we know the name of their home town? Their address? . . . or even, Did we know the name of their street? How long would they have to remain here? Would we come back to see them? Would we tell acquaintances hello?' etc. It was almost a desperate plea for assurance that 'home' still exists for them.
>
> If these children told us anything at all, it is that they are not where they are, away from home, by simple preference.

Now, the foster care problem is complex, but those matters which pertain to the federally financed foster care program which I have discussed this afternoon are particularly susceptible to legislation, and I would encourage the Congress to take the necessary action.

I would like to thank the subcommittee for inviting me to testify here today.

Mr. MILLER. Thank you, Steve, for your unfortunately all too graphic testimony of some of the problems that are encountered in the institutionalization of children. I hope that future courts may draw some congressional intent from S. 6 as to the least restrictive environment for the handicapped children and for those children who are also labeled as handicapped in one fashion or another.

You visited a number of institutions in a number of States, and I wonder if you might, for the record, tell us if there are States that have some kind of procedural protections of civil liberties, civil rights, or constitutional rights. Are there protections in the movement of these children throughout the system, not simply from one State to another, but through protection from entry into the system and, as you point out in the case of Joey, the ability to get the hell out of the system.

Mr. BERZON. First of all, I would like to endorse much of what Mr. Mnookin testified to with respect to the standards, first, for taking children away from their families. Obviously, supportive services of a great variety in a great variety of homes should be provided to families before children are ever taken away. Homemaker services, day programs. In the case of a handicapped child, a parent has a particularly difficult time often and is especially in need of these programs, and they are both better for the family, obviously for the child, and far less expensive than sending the child away.

Second, I would like to endorse what he said with respect to the standards for taking children away from their families. We simply cannot impose middle-class standards, to be very frank, on other families, and all too often the best interest of the child standard becomes an instrument really to discriminate against poor parents in a belief that these parents shouldn't bring up these children. And all of our experts—and we had a series of some of the most leading child psychiatrists in this country—testified about the incredibly important tie between a child and his natural parents. It results not only when they are together, but years later when they have been separated—the child yearns to find out and learn about and become a part of that biological family.

Second, once a child is taken away, especially when a child is institutionalized, there are virtually no checks on the system. Right now, in terms of civil liberties—I was glad to hear you raise, Congressman Miller, the peer group accreditation before. The peer group accreditation simply does not do the job for two reasons:

First, and most important, the great, great majority of the institutions we are talking about are simply not accredited. They don't need to be. There is no requirement in Federal law with respect to title IV that they be accredited. The Joint Committee accredits hospitals and does not accredit child caring institutions, so it doesn't apply.

But, second, we have testimony from people associated with the Joint Committee that the Joint Committee, when it does check a hospital, checks it for physical matters and checks it for its medical program. It does not check its treatment program. It does not get into such matters as education, training, therapy. That is simply not part of its function and not part of its job. So that does not do the job.

With respect to civil liberties, we found in the institutions in Texas virtually all of them—not all, but virtually all—used corporal punishment, isolation rooms, restraints, overmedication, censored mail, censored communication. We had one case where a child was beaten by a 2 by 4 because he tried to call his parents and tell them what was going on in the institution. That was uncontroverted evidence.

And there are no checks, except for the checks required by the Constitution, if one wants to litigate the matter. But there are no laws.

And, second, that is a very hard thing to regulate by statute because these institutions are private, both profit and nonprofit. It can be equally bad. As someone indicated, nonprofits can simply make their money in other ways. And it is very hard to get a handle on it.

One of the problems with placing kids in distant institutions is that parents are unable to monitor and supervise what happens to their children, so parents are not in a position to learn, if the children are far away, exactly what kinds of repression is going on in the institution; and No. 2, the social workers who are responsible for the placement are not in a position to know what is going on when the children are placed far away.

The social worker, assuming they don't change the social worker regularly, as they did with Joseph, is the child's only link with home, other than the family, and, if the social worker isn't in a position to closely monitor the situation, it is very difficult to arrange a check. And, therefore, we think the solution is, first of all, to make it very difficult to place children in institutions by offering noninstitutional resources, such as foster homes, the same funding that is offered institutions to take these children, so they can grow up in a family; and, second, if they are placed in an institution for some reason or in any facility, if it is close to the family, the family can supervise and monitor it, plus the social workers can do it, and we think that would be a better way to go than simply to enact general bills of rights for these children because they are very difficult to enforce.

Mr. Miller. If you take the statements of other witnesses this morning, obviously the removal process is a unilateral one. Again I go back to S. 6 where we talked about the right of the hearing, the involvement, the proof of a plan. We need proof that somehow this child is going to be better off after 1 year in school or in this program. This simply doesn't exist at the Federal level.

Mr. BERZON. No, and you see what you have got here is a requirement for the children in the Federal AFDC—foster care program that they only be placed if they have been removed from the home pursuant to a court order, and what happens, as some of the previous witnesses have testified—the courts maintain jurisdiction and in many cases theoretically, if the welfare department is going to place the children in a distant institution, they have to go to the court and secure the court's approval. In other States, that is not the case. In other States, the court gives the welfare department jurisdiction. The welfare department then is a substitute parent. It may have to report to the court from time to time, but basically it can place the child in the interim wherever it chooses. But even in those cases where the welfare department has to come to the court to secure the court's approval for each successive placement, it is absolutely perfunctory. I have discussed the matter with lawyers who have been known to even represent children in jurisdictions where children and parents are required to have counsel. I might add, Congressman Miller, in most States, there is no right of counsel supplied to a parent or to a child in a dependency and neglect situation. None. There is only the welfare worker or the lawyer for the welfare department who comes to the court. There is nobody representing the parent or the child. But, even in States like the District of Columbia, where there is representation for the child, all too often, once the child is initially taken away and there is a hearing, the reviews subsequently become very perfunctory. The lawyer comes in or doesn't even appear. The welfare department submits its report and the court rubber stamps it.

Mr. MILLER. Well, I certainly don't want, after the limited time we have had here today, to suggest where the blame lies. But again it appears clear that what we have is an example of Federal funding, but no Federal oversight, regulation, or control over how that is carried out.

Mr. BERZON. That is correct. The welfare department can place the child in virtually any licensed foster home or institution at its whim.

Mr. MILLER. It appears from the GAO that we may not even know if, at the end of some of these trips, whether the children exist in that facility or not, or whether they exist at all. We have no way of checking.

Mr. BERZON. That is correct.

Mr. MILLER. There is a way, but obviously there is nothing implemented.

Mr. BERZON. In the Federal Government itself, from my efforts to obtain information from HEW, we have just not been successful in obtaining any information of any consequence from the Federal Government, and in fact, in this case, one of the reasons we had to do the file inventory ourselves, which we got a court order to let us do, which we provided to this committee, was because, after five extensive interrogatories to the State of Louisiana to find out exactly who these children are, where these children are, why these children are there, they could not tell us. Every month we got a different computer printout which had different kids at different institutions. Even at trial, different people from the State came in and contradicted themselves on how many children they had in various institutions in various States. Everybody threw up their hands.

Mr. Miller. Let me thank you. I want to especially thank you for your help in helping me move through this area as a first termer in Congress. The Children's Defense Fund has been very, very helpful in helping to delineate some of the issues and doing a lot of the research, and I appreciate that. I know that other members of the committee do so, too, and we will continue to be in touch.

Mr. Berzon. Thank you very much.

[Prepared statement of Stephen P. Berzon follows:]

PREPARED STATEMENT OF STEPHEN P. BERZON OF THE CHILDREN'S DEFENSE FUND

Senator Mondale, Congressman Brademas and Members of these two distinguished Committees:

Thank you for inviting me to testify here today on the issue of foster care. As so often happens a program, in this case federally funded foster care, is established with the best of intentions, yet it runs into unforeseen problems. That does not mean giving up on the program, for the critical need that caused the program to be enacted is still ever present. It does mean modifying and adjusting the program to eliminate those evils that detract from the program's otherwise significant accomplishments.

I would like to share with you today a case study involving a state's use of the federally financed AFDC-foster care program to send hundreds of children away from their families and home communities to distant out of state institutions. In many of these institutions, children were seriously abused. Since the children were out of its jurisdiction, the home state did not have the ability to monitor and supervise its children.

The State is Louisiana, but the situation is not unique to that state. The Children's Defense Fund is currently preparing a report on the placement of children by welfare departments in distant institutions, and our preliminary results indicate that it is a widespread practice.

From our experience with the harm caused by such placements, we would respectfully like to make the following two suggestions for legislative reform:

> 1. When children require residential placements outside their homes, they should be placed within reasonable proximity to their families and home communities, and
>
> 2. When children require residential placements, they should be placed in an institution only if a less restrictive setting such as a foster home or group home is inappropriate; if a foster home or group home is appropriate for a child the state should be required to expend for such a placement (if necessary) an amount at least equivalent to the cost of institutional care for that child.

With respect to the Louisiana experience, we were presented with a situation in which hundreds of foster children had been placed in private out of state institutions, primarily in Texas, by Louisiana welfare officials. Due to their distant placements, the children were completely cut off from their families and home communities. Although the purpose of the AFDC foster care program is to put children in a position to re-integrate back into their families and communities (Section 408(f)(1) of the Social Security Act, 42 U.S.C. § 608 (f)(1)), the location of these distant placements made it impossible for these children ever to return to their families and communities. A report prepared by investigators for the state welfare department found that:

> There are telling signs that these children in general are far from being fulfilled. The yearning for home—or whatever they conceive of as their home—is ever present in all of them. This feeling came through poignantly as I talked to some of the children. Their tone and wistfulness left me with the feeling that they are "serving time", away from home and for reasons they perhaps do not understand nor fully accept. Some accept their plight passively, others simply run away. Incidents of runaway seem especially high among the adolescent group. Our visit was undoubtedly very mean-

> ingful to the children with whom we were able to talk. That they may not have ever seen us before did not matter. The simple knowledge that we were from Louisiana was *instantly soothing for them, for we were a tangible* and personal link with home. They seemed to swarm around us (even those not from Louisiana) as though to consume us. We were someone to whom they could ask questions about home. They invariably did ask about home: "Did we know the name of their home town? Their address? . . . or even, Did we know the name of their street? How long would they have to remain here? Would we come back to see them? Would we tell acquaintances hello?", etc. It was almost a desperate plea for assurance that "home" still exists for them. If these children told us anything at all, it is that they are not where they are, away from home, by simple preference.

Plaintiffs Exhibit 94, p. 2 in *Gary W.* v. *William Stewart*, No. 74–2412, Section "C" (E.D. La.).

To return the children, either to their families with appropriate services or to appropriate residential placements within a reasonable proximity to their families, we initiated litigation in federal court on behalf of the Lousiana children in Texas. The case is entitled *Gary W.* v. *William Stewart, supra.* Trial was held in March 1976 and the evidence revealed that:

(1) In many instances, children were placed in atrocious conditions. The Court found that children were physically abused, handcuffed, beaten, chained and tied up, kept in cages, and overdrugged with psychotropic medication to control the children. See Opinion of the Court, Appendix A (attached).

(2) Since the institutions were out of its immediate jurisdiction, Louisiana had no real ability to and, in fact, did not monitor and supervise its out of state placements. *See* Plaintiffs' Proposed Findings of Fact, pp. 11–19 (attached); plaintiffs' Pre-Trial Memorandum of Law, pp. 24–28 (attached): Opinion of the Court, p. 4 (attached); Plaintiffs' Exhibit 134 (attached); Report of the Louisiana Committee on Out-of-State Placements (attached). The above cited report found:

> [It] is especially disconcerting when justification for continued out-of-state placement rests on a paucity of reports of questionable frequency tendered to the agency by the various out-of-state facilities; and when considering the margin of deficiency in on-site visits by agency caseworkers with children who are placed out-of-state. The question can thus be raised as to whether both the agency and the out-of-state institutions giving residential care to children are meeting their collective responsibilities in assuring that any child, placed in any out-of-state facility, for whatever initial valid reason, is receiving the benefit of ongoing assessment of placement adequacy which will assure his residency in the setting most suitable for him (whether alternate out-of-state institutional placement, return to an available instate facility, placement in an out-of-state or in-state vocational setting in some case, return to in-state foster home care, return to parents or relatives in some cases, etc.).

Id., p. 43

> Data obtained from review of sample cases point out certain weaknesses in the area of agency contacts with out-of-state facilities once children are placed out-of-state. Many facilities do not provide written evaluation reports to the agency on an ongoing basis concerning a child's progress. Relatively few deal with such essential factors as goals for the child's future, anticipated length of time continued placement will be needed, or treatment plans for a child. This level of contact is not sufficient to maintain current and accurate assessment of our children's progress.

Id., p. 45. After visiting a Texas facility, a Louisiana welfare department casework supervisor reported:

> Inasmuch as I have tried to convey the feeling of loneliness and abandonment that our children seem to experience, I suggest that we must relate to these feelings. I have expressed my personal feeling long before recent publicity broke out, that our agency seems to lose essential contact with our children once they are placed out-of-state. Any such contacts as we do have with them seem to be incidental, not on a purposeful and sustained basis. One operator mentioned that some workers simply deposit the child at the front door of the facility and leave immediately without ever seeing the facility. The child is then whisked away to his room by an employee. . . . Indeed, the children with whom I was acquainted had progressed, some perhaps enough to be considered for alternate type care. Yet, because

> of lack of involvement on our part, some simply linger indefinitely in these institutions. I realize this implies dereliction on our part.

Pl. Ex. 94, p. 4 (emphasis added).

(3) Texas institutions were paid up to $1,500 per month to care for *Louisiana* children. In contrast, testimony at trial revealed that Louisiana foster parents were paid a maximum of $150 per month to care for foster children, a figure admittedly below their costs. *See* Plaintiffs' Proposed Findings of Fact, pp. 24–25 (attached). A number of experts who visited the children in Texas testified that all they really needed was a good foster home with approximate services, and that this would cost far less than the amount being expended for thir care in a Texas institution. The state claimed it could not find enough foster homes, no small wonder given the limited amount it pays foster parents. It seems clear that if the state were required to expend for a foster home an amount approaching that which it currently expends for an institution, many of the children could be placed with families. *See* Opinion of the Court, p. 18 (attached). Not only would the children benefit from family placements, but substantial cost savings would be realized to the state and federal governments.

(4) The families of Louisiana children placed in distant Texas institutions were unable to maintain contact with their children. Plaintiffs' Proposed Findings of Fact, pp. 6–11 (attached); Plaintiffs' Pre-Trial Memorandum of Lew, pp. 15–24 (attached); Opinion of the Court, p. 4 (attached). In such a situation, a number of eminent child psychiatrists and psychologists testified, it is virtually impossible for such children ever to be reintegrated back into their families—a primary Congressional objective in establishing the AFDC-foster care program.

The Court issued its decision on July 26, 1976. It ordered that all of the children be thoroughly evaluated, and that individual treatment plans be developed and implemented for each child. It further required the state to permanently remove all Louisiana children from certain of the Texas institutions.

However, despite its findings as to conditions in Texas and despite its agreement with the expert testimony on the need for close parental contact to facilitate the children's reintegration (Opinion of the Court, p. 13 (attached)), the Court found that neither the Constitution nor the Social Security Act in its present form required that foster children be placed within reasonable proximity to their families. *Id.* at 13–14. Thus to accomplish this objective, and the objective of placing foster children in a family setting, with concomitant benefits to the child and cost savings to the state and federal governments, legislation is required.

The legislative history of Section 408 of the Social Security Act leaves no doubt that Congress intended that states providing foster care or institutional care for AFDC recipients should design their outside-the-home placement program in a manner that will allow for the return of the children to their own homes as quickly as possible. The provision allowing AFDC foster care payments was first introduced in 1961 in the Senate Finance Committee as a temporary amendment to other Social Security legislation. The report of the Finance Committee stated:

> The foster care provisions in your committee's bill have been designed, insofar as possible, to safeguard the rights of the child and his parents or relatives. No one takes lightly the severence, even for a brief period, of the ties between a child and parent, or somebody closely related to him.

Sen. Rep. No. 165, 87th Cong., 1st Sess. 7 (1961).

In 1962, Section 408 was made a permanent part of the AFDC program and the section was amended to allow AFDC recipients to be placed in child-caring institutions as well as foster homes. P.L. 87–543, §§ 131 and 135 (1962). Prior to passage of Section 408 in permanent form, the House Ways and Means Committee held extensive hearings and took note of the Report of the Ad Hoc Committee on Public Welfare. *See* Hearings on H.R. 10032, Committee on Ways and Means, House of Representatives, 87th Cong., 2d Sess., Vol. 147, 65–106 (1962) (Hearings). The Ad Hoc Committee's Report emphasized that, modern knowledge of human behavior has clearly demonstrated the inestimable value to children of growing up in a family. In addition to the advantages to the child and to society, it also costs the community less when a child can be raised in a family instead of being placed elsewhere. Hearings, *supra*, at 79.

The Committee was also aware of the Report of the Advisory Council on Child Welfare Services to the Secretary of HEW:

> Too often, mentally retarded children are separated from their families and put in institutions because of lack of specialized guidance and counseling nearby. . . . Many children in foster care could be in homes of their own with natural parents or with adoptive parents if skilled social agency serv-

> ices had been available to help the natural parent either assume the responsibility of parenthood or give up his child for adoption. Lacking this service, children lose their parents through agency neglect as well as through parental neglect.

Report of the Advisory Council on Child Welfare Services to the Secretary of Health, Education, and Welfare, pp. 39, 40 (1959). *See* Hearings, *supra*, at 267–268.

There can be no dispute as to the importance in our society of a child's growing up in a family setting. It simply makes no sense to pay an institution many thousands of dollars per year to care for a child who should be with a family, while offering foster parents far less to care for that same child. And when a child needs a more structured setting for a short-term period, it makes equally as little sense to place that child far from his family so as to make reintegration back into his family impossible. Further, unlike the distant placement, when a child is "within reasonable proximity to his family," that family as well as his local caseworker can monitor and supervise his placement.[1]

Although the foster care problem is indeed complex, those matters addressed here are particularly susceptible to legislation. Thus, I would encourage the Congress to take the necessary action.

Mr. MILLER. The next witnesses I would like to call as a panel, since they are involved in one fashion or another in alternative programs, and that is: Judge John P. Steketee and Sister Mary Paul.

Again I apologize for the length of—I don't apologize for the length of the hearing. I think we have only started. I hope to see more of you. But I am sorry you had to wait so long to testify. But one of the problems of a new Member is simply getting a room and a microphone to do something of interest. So I appreciate your staying with us.

Again, I want to tell you to go ahead and proceed in the manner that you see fit, and then we will open up for questions after you have completed whatever opening remarks you would like to make.

PANEL CONSISTING OF JUDGE JOHN P. STEKETEE, KENT COUNTY JUVENILE COURT, GRAND RAPIDS, MICH., AND SISTER MARY PAUL, PROJECT DIRECTOR, SISTERS OF THE GOOD SHEPHERD, NEW YORK, N.Y.

Judge STEKETEE. Sister, if you have no objection, can I make a brief comment? I promise you it has been a humbling experience sitting here all day. Usually I am in charge and can direct it, and now it is a humbling experience hearing a lot of statements made and wanting to talk about it and not being able to.

I appreciate your willingness to listen to us. I did prepare a statement and I will not read the thing. I just want to highlight briefly the point I was trying to make.

Most of the people that have been testifying to you today have had a different vantage point, whether it is a social worker, whether it is a lawyer, mental health person, whether it is an author, whatever. There are a number of persons who are very concerned, but each have their own vantage point, and I submit that the thing I am just going to briefly address will be the whole business of, What can the court do?

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[1] The phrase "reasonable proximity to his family" adequately covers the situation of a child whose unique needs require placement in a specialized facility located far from his home. In that case, when a highly specialized local placement is wholly unavailable, a more distant placement would under all of the circumstances be within reasonable proximity to his family.

Now, again, I wanted to stand up and say: Wait a minute, when some of the folks were talking about it, and, yet, there is a good share of truth in what they are saying, that in the past, I think, the judiciary has not lived up to its responsibility.

I have heard today a number of extreme statements and a number of, you know, negative ones, and I caution us to be a little bit careful on our extreme statements or extreme judgments because there are a few things occurring—and I point them out very briefly on my last page. I don't want to sound like Pollyana, but there are some things that are occurring that I think are of a constructive nature, and I think the judiciary, particularly in the juvenile/family courts, are perhaps living up to their responsibility in some ways.

The things that I basically pointed out is that I think—and you have heard this over and over again—I am reassured because I am hearing it from a number of different sectors that I had kind of stereotyped as not really understanding the problem, and I am very reassured that you sound like you really know what you are talking about and are working at trying to find out what some of the details are of the situation.

Children do have the right to permanency. We have each got a little different definition of what that is, and I have been able to observe over the last 10 years that I have been a juvenile court judge that many times they do languish, benignly so, in some kind of a foster care situation.

I have heard a lot of scare stories today about institutions, and I am sure much of those are justified. People have seen them firsthand. I would like to think that at least in our area—and I have got a jurisdiction approaching half a million people—I have been in most of the institutions that I use. I know personally a number of the foster parents, meet with them on a regular basis. I would like to think that there are fewer of those examples.

We send our caseworkers out to see the people that are there. By and large, my main concern is—and I am not minimizing for a minute the institutional problem. I think what our particular focus in this children in placement project has been kids who are out of their own homes.

Now, some are in institutions, but a great share of them are in foster homes, very nice places. People are doing a good job. They are really loving people and so forth, except that it is not their own home. It is not that youngster's home.

I guess the main thrust of this children in placement project has been to concern other courts, other judges, that this is an important thing, the right to permanency, and one way to pull it all together is to have a regular accountability.

Now, who can do it? I listened to one witness testify, who said there are five persons on the team, five elements to that team. The court wasn't mentioned. I have heard it said that the typical court review is perfunctory, and I guess that can, by and large, be stated.

The point that I think I am trying to make—and I am being joined progressively by more and more juvenile and family court judges who are committed to this prospect—is that a meaningful, aggressive, sensitive, regular review, not a rubberstamp kind of thing, but a judicial review, is sometimes the only place where all of these things—all of these persons who are really in fact interested in youngsters can be pulled together. The court holding parents, kids, agencies, institutions, indeed themselves, the community responsible on a regular basis.

Now, some courts have the statutory review process. Michigan has had it for 10 years. It is in some ways routinized, although, with those judges that really are concerned about the problem, it is not a routine thing. It is a meaningful kind of review. The hard questions are asked. The hard, legitimate questions. How long has this youngster been in foster care? Is this in fact the best possible placement? What are the parents doing to reestablish a home for the kids? What are we doing to assist, reaching out to help this whole process? And how long are we going to let the kid drift in and out of some kind of placement?

We are realizing that many more youngsters than we used to think are adoptable, and I am talking about the older youngster. I am talking about the youngsters with physical and emotional handicaps. I am talking about the mixed race youngsters. They are adoptable, and not just to place them with somebody. There are many parents who are ready, willing, and able to make these youngsters part of their family.

I agree with—and I think most of the judges who are involved with us in this project agree that it is a continuum. You know, the aggressive, prevention kind of thrust ought to be made. When you get to the point where a youngster has to be removed—and I think too many are removed, many more than really have to be removed are removed—then there ought to be—that is kind of a last resort thing. Then, while that youngster is in governmental care, there ought to be a real outreach on behalf of all those that are in charge of this process, and that we not let the thing drift unnecessarily.

Our children in placement project has only been going for a couple of years, but it has spread across the country. We are doing the whole State of Rhode Island, because it is not that big. We are doing a county court in California. We are stretched North and South, East and West. We are even in Utah, that has probably one of the most sophisticated tracking systems of any State in the country. They get computer printouts on all these kids and so forth, and Judge Larsen in Salt Lake at first said: "We don't need any of those situations. We have got all this mechanism." Yet, when he reassessed it, he said: "You know, I have got numbers and things, but it doesn't give me much on a qualitative basis," and he is involved with the process.

There are fascinating things happening, and again I am saying that the thrust of the courts that are beginning this process is that kids have the right to permanency. Probably the only place where this can occur with due process—and, as lawyers, we know that due process is no guarantee that things are going to happen—making sure we touch the bases. And, out of that, hopefully the questions are going to get asked. It doesn't guarantee it, but that is what this review process can do and that is what it is doing.

A lot of things have happened. Kids have been returned home that have been sitting in limbo. The hard questions have been asked of agencies and others. What are we doing to help? Rights have been terminated where appropriate, and kids have been placed for adoption. In some instances, substantial use of volunteers in the court, with appropriate confidentiality, was used. We justified to our very conservative county government that in fact it was justified putting another person on the staff whose sole responsibility was a test monitor, to birddog these cases and be a liaison person with agencies, both public and private, in our community. At first, we were looked on as a judge doing social work from the bench, and I am sure this has happened in some of our project courts. The best way I can describe it is that the social work agencies, both public and private; the attorneys who are appointed to represent these youngsters; and the court is kind of establishing a new partnership, if you will, each with our respective roles, but respecting each other's various responsibilities.

As a matter of fact, in Rhode Island, which started out as some kind of a hostile confrontation, it has turned into maybe less than a love match, but has turned into a real partnership where not only the court involved kids who are being reviewed, but in a good faith gesture the director of Social Services said: "Look, we have got these voluntary cases and we will throw them in the review system too so we can do this together."

So the judges have in these project areas begun to live up to their responsibilities. Certainly, they are handpicked, they are selective volunteers. They have got things going in their communities. They have got cooperation by both public and private sectors and they are well respected in their communities, so you have got all the various things going. But I submit it is the kind of thing that can grow, is growing, can happen in any community.

I think, by and large, we are seeing a commitment on the judges—and I am speaking now on their behalf, those that are involved, and a number of others—that, if we are going to get involved with the lives of families—and maybe the least restrictive alternative is an appropriate approach, but, if we are going to get involved, then the agency best suited for that is the court, with its due process, and I think the judges are committed that we not substitute governmental neglect for parental or family neglect.

[Prepared statement of Judge John P. Steketee follows:]

PREPARED STATEMENT OF JUDGE JOHN P. STEKETEE, JUVENILE COURT, GRAND RAPIDS, MICH.

Gentlemen and Committee members: You have already heard and will continue to hear about the plight of children in foster care and the various needs they have. My focus will be on those things that the judicial branch of government can do to assist in rectifying the situation, based on my experience as a juvenile court judge for some ten (10) years, and also my experience as Chairman of the Children In Placement (CIP) Project sponsored by the National Council of Juvenile Court Judges.

We know that there are many children across the country not living in their own homes. Some have been placed there by parents under the auspices of private or public agencies, but a substantial portion of them have been placed in out-of-home living arrangements by some judicial body, usually a juvenile or family court.

Everyone in our society has rights—and obligations. Children too! One of the emerging rights that is gaining more recognition is that children have the right to permanency; a family and home that is theirs.

If a family has problems the most humane, effective and economical way to assist is by protective services intervention. If a family is to be separated, this should be only as an emergency or last resort and we must all work together toward reuniting that family. If out of home placement continues unduly—weeks and months stretching into years—it is imperative that planning be made for permanency for the child.

Bypassing the issue of what children get into foster care—and it is my observation that too many youngsters come into foster care initially because of the lack of protective and supportive services for a family—it is imperative children's rights to the permanency of a family be respected. They should not be allowed to languish, no matter how benignly, in a home with substitute parents without the matter of planning for them and their families having been continually addressed.

Good foster parents are a necessity in our society. It is usually a better situation for the child than the home from which he was removed. This child usually makes the fewest "waves" and life goes on.

However, too many times we rely on the "system" to do well on behalf of families and children. We direct our attention elsewhere to the crises and the emergencies. But children grow older and sometimes—too many times—to adulthood never having the permanency we could have given them. Even though a child makes a good adjustment in a foster home this should be no automatic permanent substitute for his own home or an adoptive home.

From the humane standpoint it is imperative we continue to ask what direction the planning is taking for this youngster. From the financial standpoint at the very least we are not getting the value for our collective dollars. Costs for out-of-home placement can be from a few dollars a day to over $100 per day in specialized placements. Many of these same youngsters are adoptable if parental rights can be terminated. Finding one lost child in the system and making appropriate planning for him can save thousands of dollars, aside from salvaging a child and giving him a permanent home. A court is the only agency of government that can do this with adequate protection of rights.

It is, thus, incumbent, upon the courts, of our nation—the juvenile and family courts—to be the monitor, "watchdog" or advocate of these rights. Periodic, regular, sensitive, demanding review of those cases of children in foster care is, in my opinion and shared by a growing number of juvenile and family court judges, a necessity to respect the best interests of the child. This can be achieved because of statutory review in each state or, I submit, by the inherent power of the individual court which originally took jurisdiction of the case.

The judicial review can ask the hard questions that too often don't get asked by anyone, no matter how well meaning. The court can and should hold parents, children, agencies, institutions, communities and, indeed, themselves acountable for what is happening to the children in foster care. That often referred to "road" can indeed continue to be paved with all our "good intentions" unless the questions are constantly asked by someone, e.g., how long have these children been out of their homes, what are the parents doing to reestablish a home for their children, what are we doing to assist, and is it likely that within a reasonable time period this family can be reunited? Parents have rights, certainly, but children have rights too. It is only in the courts with due process, together with appropriate legal representation for children as well as parents, wherein a constant focus can be given these issues. We should not have a result by default.

Courts are more and more taking the initiative and insisting on regular reviews of the status of youngsters, either through a statutory authorization or by inherent power. Lost children are being found. The National Council of Juvenile Court Judges Children In Placement Project has demonstrated that regardless of apparent variations in state laws or size of jurisdiction—rural or urban—that the court monitoring is beneficial. Courts are asking the "tough" but legitimate questions and children are being returned to a now adequate home, are freed for adoption through termination proceedings, or are reinforcing a "planned" decision that, in fact, foster care is the best alternative. The decisions, however, are planned ones with the current facts being explored and the on-going evaluation being rigorously continued.

With the courts as a catalyst we are finding that each of the child caring agencies are beginning to pull together and searching out the lost children in the system. A coordinated effort is beginning in the Children In Placement Project areas and elsewhere. The courts are beginning to move on this philosophy of aggressive review, setting realistic expectations for everyone involved and requiring regular accountability for a child's status. Some courts are implementing training programs for social workers in their community to help sharpen their skills and assisting in coordination of efforts between all agencies and the court. Tracking systems for children—with appropriate confidentiality—are beginning to emerge on a local, State, and regional basis. Parents, once deemed inadequate, are being helped to resume responsibilities in a more appropriate manner by imagination and dedication of those performing innovative casework. More agencies—public and private—are broadening their horizons regarding permanent planning for children and who are adoptable. We are all discovering that most children—including older, handicapped and mixed race—are indeed adoptable and many fine families are eagerly awaiting to receive them in a permanent home. Foster parents and former adoptive parents are being given the credibility they so richly deserve to help in the planning. Some state legislatures are assuming responsibility for establishing realistic criteria for original jurisdiction (for instance emotional neglect), incentives for reuniting families through more realistic funding procedures and mandatory court review requirements, broader and specific realistic criteria regarding termination of parental rights, and for planning through the vehicle of subsidized adoption and other means. The Federal Government can be of great assistance by encouraging this process through funding incentives and constructive guidelines. But more collectively needs to be done.

There is much, much more to do, certainly. The judicial branches of the various governments are showing a growing willingness to lead. More and more juvenile and family court judges are assuming this activist role to the end that we not substitute governmental neglect for parental or family neglect.

Mr. MILLER. Sister?

STATEMENT OF SISTER MARY PAUL

Sister MARY PAUL. I am going to take seriously your request that I not read my original statement. I think at this point too we are practically talking to ourselves, so that it is doubly unnecessary.

I am refreshed by hearing what Judge Steketee has just mentioned because I do feel that some of the material this morning, while presenting very sharply some critical and vexing and awfully disturbing factors regarding the care of children in our country, I think we are too global, and I regret that there wasn't a chance to rebut some of the statements or at least to offer some counterpoint to them.

One I would really like to place on record right now, a statement that was made this morning to the effect that in New York State licensing is not a requirement. It is a requirement. It is a requirement that individual foster homes be licensed. It is a requirement that any agency receiving public funds must be licensed. So I think I would like to place that on record.

In justice to the work of the subcommittee, which I commend very, very strongly, I think some of the statements might be perhaps more carefully examined. I think that some of the emphases that I wanted to make have already been made.

One that I think needs to be refined a great deal is the idea of the least restrictive alternative and the idea of support services to families. Foster care, in my opinion, should not be so strictly juxtaposed to support services to families that it is either one or the other. Foster care can be in the life of certain children and families a kind of support brought to bear for their own survival, and indeed social work practice can be shaped so that it really develops just that way, that the foster parents who take the child into their home do not consider themselves as rescuing the child from bad parents or inadequate parents, but are there to really offer what the parents need for a particular period. I think that some of that is occurring.

With regard to support services, the statement by Mr. Berzon was, I think, very important. A lot of reform in child welfare, it seems to me, can take place by the visibility that is given when a child is taken care of in his own community.

You know, rather than shop around for a million regulations and controls and sanctions, when support are provided within the same neighborhood or community, the visibility that you need for accountability is more likely to take place, and I would recommend that very strongly.

First of all, I really feel very strongly that many children now in placement should not be there and need not be there, except that the resources that Ms. Stubbee mentioned are not within their reach. I think that is something that has to be remedied immediately.

I think that right now the appropriateness of care for children is sometimes justified under the fact that a child had to go into foster care because there weren't the support services available. That kind of justification should stop. It is never just and it is intensely unjust that, if a family needs support, that a child should have to be removed and ostracized and segregated and banished.

I think too that it is not enough to say that we should pay for homemaker service or this or that. One, I think the challenge to us now, if we are going to really go beyond ideology and really make it possible for children to have what they need to be healthy, their own families, is attention to a kind of programmatic way of addressing this issue. It is not enough to have homemaker or this or that in tiny little administratively and programmatically unrelated pieces. The Federal Government until very recently, and I think even now, tends to support demonstration projects of very short duration. Still, even with title XX, there is an enormous amount of categorical funding, sometimes based on fads of the moment, child abuse funding, different than funding in alcohol, different than funding in juvenile delinquency, as if you weren't finding many pressures and many difficulties in the same family. And that is destructive. It is destructive mostly of the kind of programing one has to do if you are going to really come to the aid of families, and that is it is not enough to be out in the community. It is absolutely essential that you offer a range of service, a scope of service, a flexibility and availability, and by that I mean beyond 9 to 5. And also that there be an integration of services within the community.

If I were setting guidelines and I found the most precious program, unless it were related to other services in the community, it would have very little value. No one agency can really come to the aid of families alone.

I mentioned in my report, you know, basic principles. I will read those because those are very, very short. First of all, I think we should struggle very hard for a neighborhood base, not just the principle of proximity now, but a neighborhood base for a holistic, family-centered system of services.

Second, accountability of the sponsor or a group of sponsors of such a system for sustaining the children and families within its territorial area of responsibility, so that the neighborhood takes full responsibility for its own people.

Earlier you asked—or I think it was Congressman Biaggi who asked—what you do about the exclusionary desires of certain communities to keep neighborhood services out. Actually, if a community knows that the services are for its own children and families, they are much less apt to resist it. When you, in the name of community service, import something, deinstitutionalize a program and bring it into a particular neighborhood, is when you have difficulty. If you begin with the support services within a neighborhood, in my experience, there is very little resistance to this and a lot of welcome.

I think that the idea that the sponsoring agency of any particular service—that it be related—this takes in the whole idea of State and local planning. Funding should not be given as often as it is now given, I think, you know, on the basis of one's political connections frankly. It should be within a total plan for the inhabitants of a particular community that the strategy of service is selected and that the sponsors of service are also selected.

The principle of least restrictive alternative is important not only because of the protection of rights, but also I think that is of essence in protecting plans of permanence. You simply cannot have that, once you start sending children over long distances, as has already been mentioned.

I think briefly that is a summary of my emphases with regard to a demonstration of how this is working in a particular area of a large city.

I have already submitted information to you. There is one other point that I forgot, and that is the issue of standards. With all the negatives that were submitted today, I really do have to call to attention that in New York State at least efforts are strenuously being made toward standards. It is true that they are not legally enforced at this point, but at least the standards are being projected and tested.

A large study was made by the New York State Board of Social Workers. I myself did a monograph on Criteria for Child Placement, in which I tried to set out the standards for placing children in one or another type of care, and that formed the basis of a large research in which there was an intensive amount of case reading and examination.

There is a particular research study, the Child Welfare League of America, which I have left with you, with regard to our own program and its outcomes.

There is also in New York State a very strong Child Welfare Information Service which is trying to develop a management information service for right now mostly serving the New York City children, but it is being rapidly extended throughout the State, and at the moment I have just been in correspondence about applying some of the criteria and standards to court-related children.

I think it is time not to just hit over the head, you know, in a global fashion the negatives. I didn't spend enough time on this. I am not ignorant of this. I am pained by them very, very considerably, but I think we should refine some of the information given today.

Mr. MILLER. Thank you.

[The prepared statement of Sister Mary Paul follows:]

PREPARED STATEMENT OF SISTER MARY PAUL, PROJECT DIRECTOR FOR SISTERS OF THE GOOD SHEPHERD, NEW YORK CITY

I am Sister Mary Paul, Project Director for Sisters of the Good Shepherd in New York City, an organization which has for many years related to the needs of troubled children and families. Currently our programs span a crisis-intervention and assessment program for adolescents, two urban residences for teenage girls, and a day treatment center for adolescent boys and girls in Manhattan. As well, we conduct four interrelated programs in one neighborhood of Brooklyn (Park Slope) and it is this spectrum of preventive services the experience they have yielded—that will underlie some of my testimony today. My experience includes many years of work in child welfare and service on numerous public, professional and citizen task force groups as well as board memberships including the Citizens' Committee for Children of New York. In doctoral studies completed at Columbia University, I have also been privileged to engage in studies of social policy and programmatic interventions in the human services.

I would like to express thanks to this Subcommittee for conducting these hearings on foster care and your interest in children who can rarely assert their needs and whose "best interests" are so often obscured, argued, disputed, ignored, or confused in a web of claims and counterclaims by parents, foster parents, child care agencies, lawyers and social workers. It is my hope that your hearings will search out ways of taking the "foster care" task into new practice forms. There is a tremendous need, I believe, to see the foster home as one kind of support brought to bear for the natural parents and family, so that foster parents are not simply oriented to rescuing a child from a troubled family but serve consciously in a service plan in which they are a resource to the natural family. We urgently need to train child care agency personnel at every level, as well as foster parents, for more authentic practice which will lessen the heartache of triangles and conflicts of loyalty, the burdens of guilt, which are now the price of foster care.

With the limitations on your time today, I cannot review even the most significant dimensions of problems in the foster care system, which after all, must take up sensitive and heavy responsibilities in some grave situations. The task is not a simple one.

In this brief space of time I would like to cite several principles and to offer a few recommendations:

First, it is important to direct our child welfare services so that monetary considerations are not the first criterion for service. Some children do need foster care, some need expensive forms of residential treatment. Not every child can be served in his own home, and some needy and troubled youngsters need considerable and skilled professional help. If we do not provide that when it is needed, society itself will be endangered and we will fail the generations of children to come.

Nevertheless, it is urgent to recognize that for almost every child natural parents are always the "psychological" parents, and that it is foolhardy to make a distinction between natural parents and psychological parents. Even far into adulthood and middle age, one's parents become, for better or not so fine, a strong reference for one's identity. The best help we can give any child is to strengthen his parents and family, whenever that is possible.

The history of debates about foster care in its various forms is, unfortunately, colored by lack of standards and sufficient professional controls to avoid arbitrary and perhaps even inappropriate decisions in planning for children and families. I believe that professional standards are most critical; standards and criteria for choosing one plan of service vs. another should be carefully defined, and they should always be respectful of the rights and choices of parents and of children old enough to make choices. I will leave the subcommittee a copy of an attempt which I have made toward such criteria in connection with an extensive study made by the New York State Board of Social Welfare, and I will also leave a copy of the study itself. I believe that there are many implications in the "Criteria" paper as well as the research on foster care needs which have nationwide relevance.

I will not here repeat the criteria for placement in any kind of foster care but I would like to assert that foster care placement should not occur as a result of default in primary access and support services needed by the family. We cannot be complacent in accepting that with no adequate community or neighborhood-based service to a family, we agree to place a child. That is an injustice which will scar both child and family, and we should remedy such defaults vigorously.

In fact, my most urgent recommendation to this Subcommittee is for the immediate strengthening of family-centered services in a holistic design for which either a specific agency or group of agencies in a community take responsibility.

There is a strong need to build the capability for services to families to be mounted in their own communities. Funding patterns must become more supportive of this, and we must see a shift of policy in which pittances are set aside for the most fundamental supports to children in their own homes, while we fund exorbitantly for residual and institutional services as if these had first claim.

Our own experiment in Park Slope, begun in October 1972, has included work with more than 850 families. The strategy of the program involves the constitution of a one-stop neighborhood resource, available seven days and seven evenings a week and on call on behalf of children-at-risk by the Family Court, the police, schools, hospitals, community groups or walk-in youth and parents. The Family Reception Center by its own comprehensive range of services, and with any additional linkages required, coordinates a total service plan according to the needs of both parents and children. Among the direct services provided at the Center are individual and family counseling, therapy for parent groups, group therapy for latency and adolescent peer groups, psychological and psychiatric evaluation, parent life education programs, educational advocacy and school placement help, informal and formal activity groups for youth and parents, and trips and outings. Linkages are made for legal, medical, housing, educational and financial assistance resources any family needs. The program also includes a short-term residential component known as a "crash pad" for back-up in emergency situations where a child or group of siblings require temporary removal during a family crisis. The "crash pad" has also been at the service of runaways for brief periods until family equilibrium can be restored. Our services embrace interventions in any social system (family, school, gang, peer group, welfare, housing, etc.) which impinges on the personal life and behavior of a child or parent.

At any given time more than 300 families—many of them with multiple children—are in active service at the Center.

I will leave with the Subcommittee a research evaluation by the Child Welfare League of America for the first two years of this program. It has continued to grow and develop greatly in the interim, generating three additional support programs for the neighborhood: the Park Slope Mini School (clusters of classes for very troubled children, staffed by the Board of Education) under our sponsorship and with services by our child care specialists and social work staff, totally 84 children who might otherwise be prime candidates for placement; the Barbara B. Blum Group Home which sustains in the neighborhood familiar and supportive to them, eight children whose personal and family problems require more professional help; and finally, Children & Youth Development Services, a strategy involving the creation of a neighborhood-wide youth services system addressing the family, educational, recreation and employment needs of youth. Together, these four programs we sponsor provide a presence, resources and opportunities for at least 2,000 children and youth.

The details of this experience and outcomes of it are described in a recent progress report which we will leave with you. You will notice that we are currently moving toward another form of outreach—not storefronts which tend to provide a second track of service for people already economically and socially marginalized—but the mounting of the "community school" model which I commend to your Subcommittee for particular attention. There is already some federal legislation in support of this model but there are woefully small appropriations. Perhaps in the competition, urban areas have been especially shortchanged. Not one award has gone to New York City for the implementation of this model! Yet this city contributes so very heavily to the costs of foster care for the city, state and the federal government! In the coming weeks we will be mounting, even with the most meagre financial provision of our own, a community school program in a second Park Slope school, thus reaching children and parents in a threefold design of (a) family life education and child-rearing programs; (b) after-school enriched play and recreation with the utilization of the excellent school facilities; and (c) cultural and learning enrichments for both children and parents.

Briefly, the principles involved in our own approach are principles worthy of support to correct that large level of default which propels very many children, unnecessarily, into the foster care system:

1. A neighborhood base for a holistic, family-centered system of services.
2. Accountability of the sponsor(s) of such a system for sustaining the children and families within its territorial area of responsibility, so that the neighborhood takes full responsibility for its own people. This maximizes involvement and self-help, and a community so determined will be a safe and healthy community.
3. Validation of the service design by assurance that the sponsor(s) are not an island unto themselves but programmatically and substantively related to those other human services and systems to insure an integrated method of working to meet, at any time of day or week, the needs of family and children.

4. Recourse to foster care based on the principle of the least restrictive alternative, and utilization of substitute or foster care resources either in the same community or with easy access of the natural family. This involves the use of foster care resources as part of a specific plan for permanency in the arrangements for a child.

I specifically recommend to you support of strategies to bring schools, child care and social service agencies and other community groups together. The "community school" model, youth service bureaus, and other integrated human service programs particularly need to be fostered. In principle, this is the best motivation: to help children by helping them within their families.

Mr. MILLER. I want to thank you for your statements. It is the purpose of this hearing, and others—that we have, to refine the information. You point that out, Sister. The concern that I and others have is as follows: When you have situations like the Illinois or Louisiana cases and you have what appears to be the tacit approval of the funding agency, in this case the Federal Government, you have got to be concerned.

I am not going to be so idealistic as to say that no children will be subjected to those hazards. But, they run into the hundreds and appear to run into the thousands. We do these surveys in Alameda County and find out that the average is 2 to 3 to 4 minutes in review without consultation. This is without what I would consider due process, though others would vary with that. We have to use this as a starting point because it is the worst case scenario, so to speak.

We had a commissioner in charge of the program come to us 9 months ago and enter into the record the kind of testimony that would lead us to believe the Children's Bureau has problems well in hand. Now we find out from the GAO that there is no staff at all, that there is nobody dealing with this problem 9 months later. To quarrel in that committee over whether his program is a $300 million program or a $100 million program or perhaps a $800 million program, causes some concern, and ought to.

You were asked to testify to show us some alternatives to this program that appears to be out of control.

I would strongly endorse that the courts be used as the mediator. But they also have got to guarantee me that they are prepared to take the time. If this would mean that when we quit buying two-way radios and nightsticks and shotguns for suburban police, maybe we can use LEAA funds. Possibly this would give the courts a shot at dealing with these problems and getting the monitors that are necessary to birddog these cases.

I look at my own congressional office. I get a monthly report on every case that is open in my office, whether it concerns social security or something else. Next year, because of some changes they have made, I will get a weekly computer printout of exactly where my constituents are in their fight with the bureaucracy and what the people I employ are doing about that, so we don't lose them.

I think some of the information in the Louisiana case has pointed out that we really don't know where 100,000 children are. We had files, we had cases, we had numbers, we had all of that. Somehow checks are being written at the Federal level to support the system that we don't know anything about.

Now, there are some bright spots, and that is why my staff went to Reno to meet with your people about this when we heard about it.

We are trying to get to Tennessee where there have been some of the neighborhood programs.

For God's sake, let us just stop doing business as usual. There has got to be another way because this one is so incredibly unsuccessful in terms of the total picture.

Sixty percent are Caucasian and 40 percent are not. But minorities are only 15 percent of the population, so they appear here in a disproportionate number.

The children out of school study indicates that, if you are minority, your chances of being labeled as educationally handicapped are incredibly high. Look at the New Mexico case where 40 percent of the children in the school district who were Mexican-American were educationally handicapped. I don't believe it. Somebody is going to have to prove it to me.

I realize the statements made earlier this morning are tough ones and they may not be true in all cases, but the Congress at its best is like the mule that you have to hit with a 2-by-4 to get its attention. So I think there is some purpose served in that. Unfortunately, in some of those instances, those statements have not been contradicted by what I would consider reputable sources.

So this is not the end hearing; this is, hopefully, the beginning of a lot of refining that has to go on. I am not ready to rush into legislation next week to be the first one to drop in a foster care bill or an amendment to the Social Security Act. We do that all too often. That is the problem. With the kind of testimony we have had this morning, that the reaction is that I will write a bill. The hell with writing a bill. Let us just wait a minute. If the children have been there 9 years, another 6 months, I suggest, is not going to be that detrimental.

I would like to pose a question, because, judge, you give us the other side of the coin in how you review cases. You are in Alameda County and in Santa Clara County in the State I represent.

Judge **Steketee.** But in Santa Barbara County, they do it differently.

Mr. **Miller.** I was wondering what county it was. It was pointed out that it was Santa Barbara, so we have to go there too. The review doesn't take place. It is not to say you can't make an informed judgment in 2 minutes. You can, damn it. You know you can look at some facts and you can see on a child's face that that kid is staying away from his family. But you can't make many informed decisions in 2 minutes.

Judge **Steketee.** Maybe I can respond in this way to clarify. It may sound as if I am offering all kinds of panaceas and, boy, if we only had judicial review, these judges are all super human people and they can make all these great decisions. That is not it at all. It is a forum. It is a vehicle. If you do it on a regular basis, that is the only place that I know of where you bring all the safeguards with it. Due process, the representation, et cetera. There is nothing magic to what the judge does. If the judge is sensitive and reasonably intellectually curious, he is going to ask the questions. But it brings the people together and it is an attitude that is presented, and these people know. It has taken several years, but in my court they know I am serious about this. I am not going to railroad somebody. I am not going to scapegoat them, but I am going to ask questions. Why or why not? Or how come? And

I usually get an attorney to do that for me, representing the youngster, and there are attorneys representing the parents. As I say, there is nothing magic that occurs, but they know that next month they have got that hearing. It is amazing the plans that get made a few weeks before a hearing. Now, I am not saying that is the only reason they get made. I am just saying that it is a catalyst.

Mr. **Miller.** Hopefully, that is what we are working toward. In conjunction with that we hope to provide you with some alternatives. If you determine that $500 in the family will make the difference to that child, you ought to have that as an alternative. You ought not to be bound by a set of guidelines that demand that you go to institutionalization because that is the only way the kid is going to get clothes.

Judge **Steketee.** I swore I wouldn't get into recommendations as to what the Federal Government could do, because I think this is a State situation, et cetera. On the other hand, I see it everyday when you are trying to reunite this family, and it makes some sense. We are trying to get a woman a house or whatever, and you have got such a hard-nosed lack of flexibility on AFDC benefits, things like that. It is a Catch-22 situation. You can't get the house until you get the kids back, but you can't get the kids back until you get the house, and it is just ridiculous. I don't know the answer. There ought to be enough imagination and ingenuity on your side maybe to figure out how to do that, but there ought to be a way, because we end up spending thousands of dollars waiting for somebody to get off the dime.

Sister **Mary Paul.** One piece of Federal legislation that I meant to mention today—I did in my written paper—that I think could be more helpful—it has a very small appropriation at this point and doesn't reach the large cities, but it is the Community Schools Act. I don't know if you are familiar with it, but that kind of legislation would allow a partnership of schools with a host of neighborhood groups, community groups, to come together and develop the school as a community center and to really pose family life education, family supports, enriched play, and so forth. Really the schools are the best facilities, and you wouldn't have to pay these enormous rentals over and over.

There is a very small national appropriation for this. I think you would find nationally that the largest contribution to these are from the larger cities, and I think, understandly so, because the family is highly pressured for competency to raise children in the face of such enormous problems. The extended family doesn't exist anymore. The one-parent families, the welfare families—in New York State, about 59 percent of the children who come into the foster care system are from welfare families. They don't have the recreational facilities. They don't have extended supports. The school could do that. Yet, this year, the first year that appropriations went out to develop the community school model, not one grant was given to New York City, not $1,000.

I think there are designs—there are programmatic designs with regard to the Community School Act. Without that appropriation, we are trying and we are reaching a large number of families who wouldn't come to a social agency in the first place. And minority group families, who are really being attracted to support their children within schools—we are doing it with just scratch, you know, but it is again—I mean within the Federal Government, in the Children's Bureau at HEW, a little more imaginative planning——

Mr. **MILLER.** Forget "imaginative." Just a little planning,.

Sister **MARY PAUL.** In New York, for New York State, New Jersey—I think it is Connecticut and maybe a couple more States. I forget how many. There is a substantial area. The Children's Bureau staff consists of maybe three or four people.

But there are resources that could be related to one another.

Mr. **MILLER.** I think you make a good point. Very few people are aware of the Community Schools Act. We are trying to make neighborhoods in the district I represent aware. I almost went to court so I could hold a town hall meeting in the school to tell them about this Community Schools Act.

It is a resource and it is there. It exists. You don't have to build it.

And I think that you make another point that tends to be overlooked sometimes in this subject, and that is that in the big cities, in New York—and we have another witness yet from New York—the magnitude of the problem is so much greater than I can even imagine in the district I represent. With all of the other environmental problems that go along, I think it does take the strong coordination that we always talk about. We talk about coordination and priorities. We never have either one of them. But I think, with your testimony and the prepared statements and the evidence submitted, hopefully we will say to this committee and to the Congress that there are ways to do it, and it doesn't necessarily require a new bureaucracy. You can do it with people who are interested in neighborhoods. Where I come from, there are no neighborhoods. There are subdivisions, and people come in and out on 18-month cycles. They are having enough trouble dealing with Bekins, let alone the neighborhood children. But, the Community Schools Act is one of the possibilities that help that.

In some of the cities, you do have neighborhoods and you do have extended families. I think you only have to look at the Department of Labor statistics on who is in the work force to find out that we do not have extended families. There are myths about minority families and about grandmother who takes care of a child. They no longer really exist in America. Right now that is what we have to deal with.

I think the information that you have submitted to us is going to be very helpful because these sort of bright lights exist in various communities that are concerned with their children. I, for one, suggest that, no matter what we do, we cannot buy that concern. You have got to create it.

I appreciate your coming the distance that you have and I value the time that you have spent here. We plan to spend and utilize your time a great deal more in the future because I think you have some models that we would like to try. With some kind of help from the Federal Government, we will try to loosen up some of those people over there and get them off the backs of some of these kids. We will see what can be done.

Judge **STEKETEE.** You almost have to bring more and more of those kids into the system just for funding. That is one of the good parts of it, from my standpoint at least. We have got a handle on it now that they are, but along in these areas we are finding—again, I don't want to be naive about it, but we are finding a good faith commitment by those areas that are into the voluntary sector, saying: "Look, I know what you are doing. You are not trying to scapegoat anybody. I will throw those into the pot, and let us look at all those cases."

Mr. MILLER. Let me ask you: Do you have any estimate or do you have a hard breakdown of what it costs to run your court over and above some of the other examples we have heard? Is it an expensive operation?

Judge STEKETEE. No. As a matter of fact——

Mr. MILLER. Other than your time obviously.

Judge STEKETEE. As a matter of fact, that is the beautiful thing about this thing. When you are talking dollars—forget kids for a minute. You can't, but, when you are talking dollars, this is the best investment anybody can ever make. You find one kid and it justifies two workers almost, if you can find one lost kid in the system.

I am not answering your question specifically, but I am saying that all you have to do is find a few lost kids. I have one full-time worker whose sole job is to monitor these cases and chase them down and find out what is happening, and she in a month saves her total salary just in finding kids, or at least she did the first several years.

Mr. MILLER. You also use some volunteers?

Judge STEKETEE. Yes.

Mr. MILLER. Thank you again very much for your testimony.

The next witness is Mr. Joseph B. Gavrin, who is the director of the New York State Council of Voluntary Child Care Agencies.

Mr. Gavrin, I appreciate your sticking with us this long, but I think your testimony, as I tried to indicate a few minutes ago, is going to be most important because I think that you work in an area where the magnitude of the problem is magnified as opposed to what many of the members of this committee experience and many of the Members of Congress experience in terms of placement and trying to deal with the problem.

STATEMENT OF JOSEPH B. GAVRIN, DIRECTOR, NEW YORK STATE COUNCIL OF VOLUNTARY CHILD CARE AGENCIES

Mr. GAVRIN. I hope my testimony will be of use to you, and I certainly appreciate the willingness of yourself and Mr. Brademas and Mr. Birch of your staff to add me to the list of witnesses almost at the last minute.

I can very easily say that I am not going to read a statement because I don't have a statement to read, having just gotten on the list, but I have a number of headings under which I would like to cover things.

First, what our organization is—just so you know. We are a membership organization of some 124 voluntary child care agencies which provide care for 28,000 children in New York State.

About 90 percent of the children in New York City are cared for by voluntary agencies, and, in upstate out of New York City, about 15 percent, and the 15 percent out of New York City is mostly institutional care. In New York City, we are providing foster boarding home care, day care services, the whole gamut.

I would like to call to your attention five, possibly six, legislative issues very quickly. One is the question of 408, the Social Security Act. One of the points that I want to mention is the legislative history of that act because I think it is important that, when it first came in, the Southern States were in the habit of taking children from their own mothers and putting them into foster care and wanting AFDC money to follow. At that time, 1962, the Congress trusted the judges in the Southern States more than they trusted the administrative officials. I won't go into the history of that, but that is how we got court review as a reason for Federal funds to follow. It never was thought through, and I think that that is important because I will certainly agree that voluntary placement should be covered as well.

There needs to be review, but it doesn't necessarily need to be court review in every instance. I think we have made the courts more than the due process forum that they should be and we have moved them into administration. I think we should go back to having the courts involved mainly in due process. They certainly should review every case in which there is a difference of opinion and so on, but what we found in New York City and New York State is that the courts are into it all the time. Sometimes it is better if they do rubberstamp because, when they don't rubberstamp, then it goes on and on and on with cases being adjourned, recessed, and reports coming back and so on.

We have been working on this problem and have developed some ideas on administrative and court review, and at this point actually the matter is being studied by the New York State Division of the Budget as to what the costs are because not only are the costs in terms of the judges themselves, but what has happened is that everybody now has an attorney, and it is not unusual to find five and six attorneys in the same case.

The second legislative issue which has not been addressed at all is that some years back in the Social Security Act income maintenance was mandated to be separated from the provision of services. To my mind, that was a disaster and particularly in the field of child welfare it was a disaster. That is why we have the Catch-22 situation that Judge Steketee was referring to.

The people who are providing the income maintenance do not know what is going on in the family. If you read yesterday's New York Times, you know there was a particularly tragic case of a young unmarried mother on public assistance who went home with a 4-day old infant, had no furniture, had nothing. The child was mauled to death by a hungry dog. In the old days, this could not have happened. I started out in public assistance. I had to visit every mother, married or unmarried, when she came home from the hospital to see what she needed and so on. It would be impossible to have a situation exist then where nobody knew whether there was any furniture in the house and so on. And this, I think, is within the purview of the Congress to change.

Certainly in cases where children are at risk, the child welfare worker should have the authority to carry on both the income maintenance and the services. Then we would have the ability to provide that stitch in time when we need it. We wouldn't be waiting around for somebody else, another completely different system, to approve a rent allowance, to approve a dietary allowance, and so on.

The third point on this matter of out-of-State placements. That has been a matter of increasing concern to our association, and we have been working both with the State board of social welfare and the New York City Department of Social Services on it, and what I am afraid is happening is that it becomes the line of least resistance, because there are many children who are being placed out of State who aren't really foster care situations in the traditional sense. They are retarded children. They are court-related children. They are somebody who has been labeled as "highly acting out." And, more and more, they are going that way.

There is a rule that they have to clear with all in-State agencies first, but this becomes very perfunctory. There was one situation I became aware of in which 20 agencies had been asked in the same day whether they would consider Johnny. That is impossible. What it means is that somebody called up and went through it.

I think that we do have an analogy here that your committee should give attention to. In the last Juvenile Justice Delinquency Prevention Act, it was required that States, in order to qualify for Federal money, provide a plan that, within 2 years, all persons in need of supervision, status offenders, would be deinstitutionalized, could not be in training schools or the equivalent. I think that it would be a very good idea, as a condition of continued Federal assistance to the child welfare programs in the States, that the States come up with a plan whereby, within a 2-year limit, they work out a method for caring for all of their children within their own State or in close geographical proximity. I have no objection to a New York City child being cared for in Newark, N.J., or vice versa, but there could be a plan and there should be a plan.

The next item I would like to bring to your attention is the fact that Congressman Koch, from Manhattan, has introduced a bill that would provide Federal funding to day services and would mandate again that Federal reimbursement would not follow, even on court-placed children, unless day services first had been attempted or had been ruled out. I think that this very much needs to be done.

Another item is that it has been traditional since Teddy Roosevelt's day to have the White House Conference on Children in 1970, 1980, and so on. I would urgently recommend—and I think this could be done by a joint resolution rather than a law—that the 1980 conference be on families and children. It is about time that we put the two things together, and, if we are going to focus attention in 1980 on the problems of families and children, let us not have a conference on children or even, as was done in 1970, on children and youth. We really have to put the things together.

Another issue which is possibly a matter for Federal action is a model adoption law and a model termination of parental rights. I say that possibly because a number of things are being done.

Professor Wald, of Stanford, and a gentleman whose name I unfortunately forget at this moment in Boston are working on various parts of this. I think it would be very useful. I don't know that the Congress has the authority to do this, but as a condition for continued receipt of Federal assistance, it could be that the States have all or most of the elements of the model adoption. So much for that part of it.

I think we also need, in light of some of the things that were said this morning—and this is not to say that everything is fine, because it isn't—to put perspective on the foster care issue, and I think it also gives us some guidelines for the future.

Back in roughly 1925 or 1926, there were 1½ million children in foster care in the United States, most of them in institutions. We now have, according to the best estimates, about 375,000.

Now, when we look at what the population in the United States was in 1926 and what it is now and what the child population is, we obviously have done a good deal to reduce the number of children who are in foster care. We have been doing, in a broad sense, preventive work.

Let me give you another statistic which related to New York City. Over the last 10 or 12 years, the number of children in public assistance families, presumably that group which has most risk of going into care, has increased by more than 400 percent, from something like 200,000 to more than 850,000, but the number of children in foster care has only increased by 43 percent. Somebody has been doing something right. We don't often think of day care services as a preventive service, but it is as a matter of fact.

Now, we need to do more along that line. We also have to look at what I think is one of the lessons. What was the major factor in bringing down 1½ million to only about 200,000 shortly after World War II? It was the Social Security Act, the original old age and survival insurance, plus the availability of medical care, and we eliminated the economic need for children to go into care. We also eliminated most orphans and half orphans.

I have always been puzzled—and I have been in this field now for almost a quarter of a century—as to why the children's allowance plan has not been seriously considered by the Federal Government. We have talked about family assistance plans, but not children's allowance plans in the sense in which that is used in France, in England, in Canada, and so on, where families, without any consideration of the needs basis, would get *x* dollars per year per child. I know many people said that would increase population as against family planning and so on. To the best of my knowledge, the information with regard to what has happened in Canada and France and so on is that it has worked the other way. Since the family allowance plan, we have not had an increase of children. People don't have children in order to get the extra number of dollars.

We know that in our society money is power because money gives you the ability to make choices, and I think that needs to be seriously considered, along with some type of voucher system whereby families on public assistance or otherwise low income could go out and—again using the market system—get that type of ancillary services, homemaker, day care, or whatever that they want to purchase, rather than being buffeted around by the providers. Providers should not control all aspects of that which is provided.

Another point along that line is the following, and that is that we do have a number of youngsters now who are really social orphans. They are completely abandoned and neglected. Their only chance for permanency is in a new family. We think of that as being an adoptive family, but it won't always happen.

I believe in the next couple of years we are going to have to face the following fact. It is true that there is no child that is not adoptable, no kind of child, no matter how old, no matter how racially mixed, no matter how physically handicapped, mentally disadvantaged, and so on. But that does not mean that every child will be adopted.

There are people who will adopt 18-year-old children, who will adopt physically handicapped children, and so on, but there are not enough people who want to adopt the children who are available, and, given our highly affluent, prosperity oriented, individual rights oriented society, I don't think enough people are going to want to do it. We see this in New York State now. We have an adoption exchange. We do have statistics. We have put a lot of money into subsidy. As a matter of fact, without subsidized adoption, probably very few children would now be adopted. Nevertheless, the great majority of children available for adoption are over age 6, and the vast number of people who want to adopt want to adopt children under 6.

So that we are going to have to cope with that. I think we are going to have to look at different types of ways of providing permanence. One is that any child who is a social orphan according to proper standards should have a trust fund established for him.

I don't know whether you have children or not, Mr. Miller, but, if you do, you probably have a similar kind of arrangement. You have insurance and so on. If anything had happened to me and my wife, my children could have been taken care of because there would have been money for them to bring into any new familial situation. The children of the poor don't have that, and that is what I think should be done.

As a beginning, I would say that any child who is determined to be a social orphan should have the equivalent of $150 a month, which is roughly what a foster parent is paid, but it wouldn't go to the foster parent on the basis of the foster parent's need. It would belong to the child. It would also resolve one of the problems in subsidized adoption, because now the need for the subsidy in adoption is determined by the income of the family that wishes to adopt, rather than by the needs of the child who is out there for adoption. And that, it seems to me, is wrong, and, if this goes on, we are going to produce a problem, and we already have some instances of this, where two families in the same economic situation, one having only natural children, would receive no income subsidy from anybody, whereas the other family, if they adopt three children, can get $450 a month in New York State now. That does not make sense. It is another argument, in my mind, for some type of children's allowance. Everybody would be kind of equal on that.

Another thing that I think we have to be aware of is the whole issue of review. I briefly alluded to that before in terms of the origin of 408. I think we need to spell out what is the proper role of the courts, what is the proper role of the professionals, and what is the proper role of HEW and the State monitoring bodies. Some combination of administrative and court review, it seems to me, is the best way of doing it.

We also have to put more emphasis on planning more quickly with time spans and followup on those time spans, and that is what I see as a role for HEW. I would agree with those who have said: "Let us not get HEW so upset by the findings of GAO and these hearings that they begin to become more restrictive so far as the states are concerned." Particularly, this is so in a federal system. In New York, we have added to that the fact that the State of New York as a State does not provide any social services. Each State department of social services is itself a monitoring and administrative body, so that we now have elaborate regulations drafted by HEW. These go to Albany. You have elaborate regulations there. And then they go down to the localities, and so on. The amount of money and people that are wasted in that process is really incalculable.

I would also hope that pressure would be put though on HEW to do something about the Children's Bureau. It really is a charade at this point. There are barely two people in the Children's Bureau region 2, which is New York, New Jersey, the Virgin Islands, and Puerto Rico. HEW has emasculated the Children's Bureau. It is a far, far cry from what it used to be.

In addition to which, something has to be done about the prevailing tendency of HEW to prefer outside consultants and expensive contracts as a way of finding out the facts, rather than utilizing their own staff. This is terrible for morale and it is a waste of money.

We have been trying to get in New York some money out of the Child Abuse Prevention and Treatment Act for services. We can't get it because it has all been used up in other kinds of ways. I think that that needs to be reversed.

Also—and I am getting close to the end now—this kind of a hearing has to be clear in the last analysis that it doesn't further mix the signals that are given to the system because, with all due respect to some of the previous witnesses and the fact that there are proprietary agencies that are ripping off the system and we have always been opposed in our council to the provision of services by proprietary agencies—but, nevertheless, this is not like the medicaid mills or the nursing home industry. Essentially, you have honest people trying to do a job, but they have been confused by contradictory kinds of criticisms.

Let me give you some examples. On the one hand, we are told that we move children too quickly from their own families, but every year there are two or three horror stories of children who were not removed and were beaten to death by paramours or parents. Then we get it in the neck for that.

We are told that we are too particular in terms of those whom we will approve for foster parents, and sometimes the child care workers and often adoptive parents. But, if we ever make a mistake in judgment, "Why did you do that? Why didn't you do the other thing?", to the point where a bill was introduced in New York State which would require agencies to do fingerprints on every person who applied for a job in a child care agency and check it out through the FBI and so on and so forth.

We are not clear in our own minds conceptually—and I think this is something that the universities should pay some attention to, as to what is the function of child welfare. It has been said here several times—and everybody sort of nodded his head in agreement—that our objective should be to go out of business and that foster care should be seen as temporary. I don't say that foster care should be seen as permanent, but I would say to you that as long as we have a human society, just as we are going to need dentistry, medicine, accountancy, and the law, we are going to need child welfare, and there are some children whose only guarantee of permanency is within the foster care system. And, if it is the case, as I believe it is, that many children are not going to be adopted, even after the parental rights have been terminated, they are going to have to be brought up either in the foster care system or in some more permanent guardianship or wardship. So we are going to have to look at some of the kinds of legal concepts.

Many foster parents now would like to have permanency. They have had the child for a certain period of time. They want a guarantee that the child won't be taken away. But, to my mind, that raises some dangers, plus it is eating their cake and having it too, because they want to continue having the right, if they have had too much of the kid, to call up the agency the next morning and say: "Take Johnny away." We can't have it that way.

But there are some tough issues here that have to be looked at.

I think that, when we come to HEW and accountability, certainly they should know where the children are. As Sister Mary Paul mentioned before, we have a child welfare information system in New York City. Actually it is a voluntary center. My organization dreamed this up and pushed for it and got the cooperation with the public. It is now going, by law, to become statewide and it can become nationwide.

There are problems in terms of invasion of privacy, civil liberties, and so on. I think we have to wrestle with those. We don't have to know everything about everybody in order to have an accountable system. But we can agree and we have agreed in New York State now on those facts that we should know. There is a regular system of audits, reports, and so on.

I was horrified when Mr. Biaggi said this morning that there is no such thing in New York. We are very well audited. But, at the same time, we have to again solve a dilemma which I think is endemic to our present society, that accountability be more than just reams of paper sent from one body to another body to be reviewed by a third body. That is really choking us to death in New York. I estimated a couple of years ago that, for the 28,000 children in care in New York City, there were something like 2 to 3 million pieces of paper going back and forth each year, and I have been told by some knowledgeable people that that is probably an underestimate. We don't need more such things. Unfortunately, when you get an information system, the first impact is that more data is collected, more forms are filled out, and nobody seems to get any feedback on it. We need to have feedback on outcomes. Nobody really knows what happens to most of these children, whether they have been in public care or in voluntary care, no matter where they have been.

Another thing is that, in working toward improved licensing, tax laws, and so on, I think that this committee needs to keep in mind the fact that there are many different kinds of institutions, as well as foster care agencies, and some of the speakers this morning were confusing them, whether by design or unconsciously, I don't know.

There are proprietary, profitmaking institutions. They should be put out of business. No doubt about it. There are public institutions. Some of them are very good. Some of them are terrible. There are a number of other than foster care agencies which sort of get lumped in: Special schools for the handicapped, special schools for the retarded, and so on. We have to be clear what we are talking about when we talk about foster care. Then there are the volunteer agencies. And, despite Mr. Biaggi's reference to the Daily News series and Messrs. Ain and Hefferman, that series was 95-percent inaccurate. It is not the case that the voluntary agencies are making money. The $300 to $500 million that has been estimated to be their total assets is mostly in land, buildings, and equipment that have been contributed and accumulated over time since Alexander Hamilton's wife set up the first agency back in 1800. It is not ready money available out there, and the voluntary agencies are not being paid the full cost of care, and, in fact, most of them really don't want to be. And I think that that needs to be taken into account because our estimate is that, without the voluntary agencies in New York City and New York State, the cost of care would be increased by approximately one-third over what they now are.

Many of the public agencies are costing much more per day than the voluntary agencies, in addition to which, in a democratic, multipurpose, multivalue system, we do have to maintain and protect and, in some respects, increase the role of voluntary groups that get together in order to carry out a citizen purpose.

On the one hand, we talk about more voluntary action, more citizen participation in government. We do that. Then we have to make it possible and practical for the groups of people who want to care for to be taken into account because our estimate is that, without the volunteers on the one hand and at the same time make it difficult for them to carry out their function as responsible members of boards of directors, you are not accomplishing any kind of purpose.

There are many other things I could say, but I am conscious of the time. I would like to say that I will be more than glad to answer any questions and also I would be more than happy to be available to you and the members of the committee and the staff to go into any of these issues in greater depth.

Mr. Miller. I appreciate especially the last offer because that would be most helpful to us in trying to refine the material. I would not differ much with what you have said. I believe you have made some very good points. I don't want to get into prolonged questioning, but I would like to reserve the right to call upon you when we feel it is necessary, so that we can have the benefit of your expertise. Again I want to thank you for staying with us this long to testify.

Mr. Gavrin. Thank you for staying with me.

Mr. Miller. With that, the subcommittee stands adjourned.

[Whereupon, at 2:55 p.m., the subcommittee adjourned.]

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STANDARDS FOR FOSTER FAMILY SERVICES SYSTEMS WITH GUIDELINES FOR IMPLEMENTATION SPECIFICALLY RELATED TO PUBLIC AGENCIES

AMERICAN PUBLIC WELFARE ASSOCIATION
1155 Sixteenth Street, N.W., Suite 201
Washington, D.C. 20036
March 1975

March 1975

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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF THE SECRETARY
OFFICE OF HUMAN DEVELOPMENT
WASHINGTON, D.C. 20201

NOV 22 1974

Mr. Edward T. Weaver
Executive Director
American Public Welfare
  Association
1155 Sixteenth St., N.W.
Washington, D. C. 20036

Dear Mr. Weaver:

The Children's Bureau and American Public Welfare Association have forged a new alliance to improve foster family services for children and their families. This decision was made in view of the documented need to improve foster family services and the fact that these services are predominantly provided by public agencies.

The publication of Standards for Foster Family Services Systems with Guidelines for Implementation Specifically Related to Public Agencies is the culmination of the work of a representative national committee which made full use of the various comments of hundreds of knowledgeable people from the field. APWA is to be commended for its competence and leadership in collaboration with the Children's Bureau in the development of these Standards.

We are also extremely pleased that the APWA will join with the Children's Bureau in responding to the requests of State Directors of Human Resources or State Departments of Social Service for technical assistance in making effective use of the Standards. We will follow the long-standing and tested Children's Bureau process of partnership with the States in assessing, planning and monitoring progress in upgrading foster family services.

Your collaboration and assistance in this effort has proven, and I am sure will continue to prove, invaluable in achieving our mutual goal of upgrading foster family services throughout the nation.

With kindest regards.

Sincerely,

Stanley B. Thomas, Jr.
Assistant Secretary
  for Human Development

CHILDREN'S BUREAU OBJECTIVES

The Children's Bureau's objectives for 1975 are designed to strengthen family life, to reduce the need for separation of children from their natural families, and to improve the quality of services to those children who require substitute care. These objectives will be carried out by

—Assisting in the development and dissemination of a model of 24-hour comprehensive emergency services for children to all states and interested localities and assisting them to establish and operate this program for children-at-risk.

—Developing and distributing a model adoption subsidy law and assisting states to initiate strategies for enactment of legislation and/or amendment of their existing laws or regulations if needed and appropriate.

—Encouraging states to enact legislation and join the Interstate Compact on the Placement of Children.

—Assisting states and communities in establishing Action for Foster Children Committees.

—Developing and disseminating standards and guidelines for foster family services systems and assisting states and localities to adopt and implement the standards.

The publication of this document is the first step in the process for use of these Standards and Guidelines to improve services for foster children and their families.

The Children's Bureau is committed to the achievement of all the objectives in order to upgrade the services provided in the field of child welfare.

Frank Ferro
Acting Associate Chief
Children's Bureau
OCD/OHD/DHEW

FOREWORD

The American Public Welfare Association has always played an active role in protecting and enhancing the welfare of children in this country. At the time of the Association's founding in the 1930s, a committee on child welfare services was designated to make recommendations on APWA's programs relating to child welfare. In 1948 this committee was replaced by the Committee on Services for Children, which served until APWA reorganized its committee structure in 1966 and delegated the responsibility for child welfare concerns to the Social Services Committee.

Over the years these committees have served as a forum in which leaders in child welfare have reviewed program activities, assessed needs, and made recommendations for program improvement. The various committees have prepared materials on special subjects, such as legislation, and program developments. Much of this material had been published, i.e., reports on the status of foster care; the function of the public welfare worker; and public welfare's responsibility for juvenile delinquency services. The committees have analyzed and formulated recommendations on legislation for presentation to the Board of Directors; upon Board action these have become the official policy of APWA.

One of the more significant contributions made by these committees has been the extensive reviews regarding developments in the child welfare field. Reports from Committee reviews were distributed to child welfare workers and administrators throughout the country as a means of sharing information and new developments in children's services. Participants in the Committee included state administrators, local administrators, child welfare directors, caseworkers, professors from schools of social work, and official representatives from national organizations that had regular roles in the area, Child Welfare League of America, Family Service Association, National Council on Crime and Delinquency, American Humane Society Association, American Legion, Children's Bureau, National Council of Juvenile Court Judges, Private Foundations, and the Board of Public Assistance.

Services provided by the American Public Welfare Association in the child welfare field have included consultation to state and local agencies, participation in the development of model federal legislation (the Interstate Compact on the Placement of Juveniles and Children); model state legislation on adoptions and family courts; and two nationwide studies and analyses on Aid to Families with Dependent Children.

Recent contributions to the child welfare field have been through several special projects. From 1970 to 1973 APWA conducted a project jointly funded by Community Services Administration and the Office of Youth Development (DHEW) which assisted state and local public welfare departments in the area of youth services and delinquency prevention. Currently APWA is administering a project which provides technical assistunce to states wishing to enter into the Interstate Compact on the Placement of Children, and the Law Enforcement Assistance Administration has recently funded an APWA project which will assist local communities in developing coordinated youth development and delinquency preventive services.

The Children's Bureau has now presented APWA with a unique opportunity to make a much needed and valuable contribution to the child welfare field. With the financial and staff support of the Children's Bureau, APWA has undertaken the development, publication, distribution, and implementation of "Standards for Foster Family Services Systems with Guidelines for Implementation Specifically Related to Public Agencies."

APWA appreciates the opportunity to participate in this important endeavor. We look forward to assisting our constituent member agencies in improving services to foster children and their families.

Edward T. Weaver
Executive Director
American Public Welfare
Association

PREFACE

For over 50 years the Children's Bureau has led the fight for better conditions and services for children and their families in America. An early concern was for child labor, maternal and child health programs, care of children in almshouses and institutions and special attention for crippled children.

The Children's Bureau's activities in research and fact finding have provided national guidance to states in their administration of child welfare programs. Amendments to the Social Security Act of 1935, Title V, Part III, Child Welfare Services, enabled the Children's Bureau to provide federal grants to states for the purpose of establishing, extending, and strengthening—in predominantly rural areas and areas of special need—public child welfare services for the protection and care of homeless, dependent and neglected children, as well as children in danger of becoming delinquent.

Later the emphasis shifted to include urban and suburban communities, and provision was made for an increased range of child welfare services. The services then included protective services, foster care, day care, adoption, child guidance, development of community resources, homemaker services, prevention and treatment of delinquency and building cooperation between juvenile courts and schools, among other activities.

In the best interests of our children and our communities, it is imperative that we have an adequate system of foster family services. Foster children need care and natural families need help because of physical or mental illness of the parent(s), the child's emotional problems and unacceptable behavior, severe neglect or abuse, desertion, family disorganization, and parental incompetence, often based on the parent(s)' own childhood experiences. Many of the children have already lived at risk long enough to become disturbed or arrested in normal child development.

Every year a higher proportion of children with increasingly difficult developmental problems are entering foster care. Also, it has been estimated that for each child in care, at least one more needs foster family services. By priority, the goals of foster family services are to restore the family where this is possible, to place the child for adoption where this is not possible, or to make another permanent plan for his/her care. These needs make it essential that the Responsible State Agency increase the number of highly skilled and dedicated social service staff and develop foster parent(s) who can provide loving and corrective family living experiences for such children in order that they may reach their potential.

The Children's Bureau has a long-standing commitment to the development of standards for foster family services. In the past, this was demonstrated by working with the Child Welfare League of America, Inc. in the development of standards (1959). Then in 1971, a bill (H.R. 1) was introduced in Congress, requiring that the Secretary of Health, Education, and Welfare specify standards which public agencies must meet in order to receive federal funding for institutional and foster family care. The Children's Bureau was directed by the Secretary of DHEW to develop these standards, and on July 30, 1971, a committee composed of individuals with responsibility in child welfare services from federal, state, local, public, and voluntary agencies met to develop a plan of action to meet this mandate.

The major recommendation with respect to foster family services was the formation of a National Task Force on Federal Standards for Foster Family Services, consisting of representatives from federal, state, local, and voluntary agencies. Task Force members appointed subcommittees to assist them in fulfilling their assignment. Every level of staff (i.e., administrators, supervisors, caseworkers, foster parents) as well as consumers of services and representatives of minority groups were included. A rough draft of the standards was developed based on an analysis of state agency standards and the Child Welfare League of America's standards. This was submitted to the National Task Force and its subcommittees for comment and recommendations and then a second draft was prepared.

Although this section of H.R. 1 did not pass, and therefore the proposed standards were not mandated, the contributions which were made by all who participated in the development of those draft standards were invaluable in the development of this publication. The Child Welfare League of America standards, which are excellent in content and format, should be used to supplement this document. They are designed for use as optimal goals to be met by both public and voluntary agencies. They relate primarily to the provision of services and not to the administrative structure of a public agency responsible for the program. Standards which specifically relate to public agencies are important and necessary, since public agencies provide 95 percent of all foster family services.

PREFACE (Continued)

either through direct service or purchase of services.

Using the revised standards which were developed for H.R. 1 as the starting point, the American Public Welfare Association project staff, in collaboration with Children's Bureau staff, developed an updated statement of standards which were again submitted to approximately 500 commentators for review, comment, correction, and recommendations. Included were representatives of federal, state, local, and voluntary agencies, national associations, and minority groups.

Historically, state and local departments of social services have looked to the Children's Bureau for guidance and assistance in the maintenance and upgrading of their child welfare programs. In order to meet this responsibility and demonstrate the Bureau's interest in serving as an advocate for foster children and their families, the Children's Bureau, with the assistance of project staff of the American Public Welfare Association, has prepared and will make widely available "Standards for Foster Family Services Systems with Guidelines for Implementation Specifically Related to Public Agencies."

ACKNOWLEDGEMENTS

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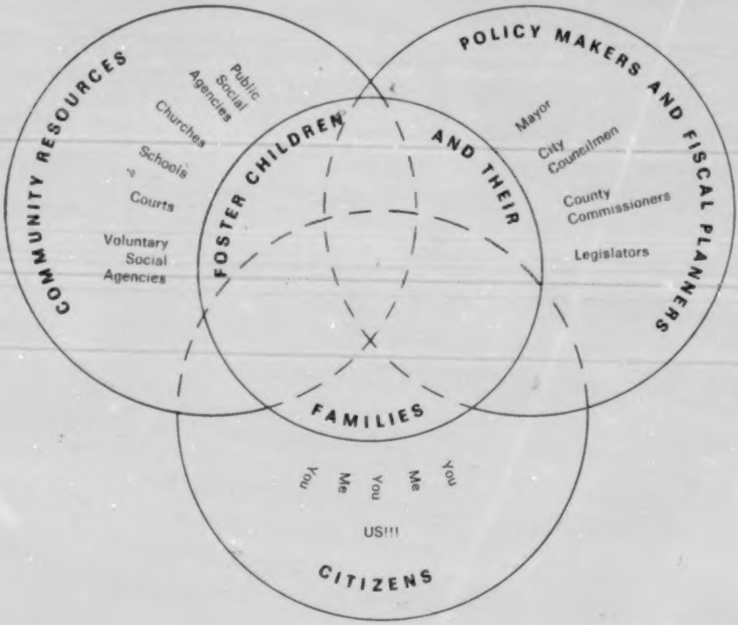
FOSTER FAMILY SERVICES SYSTEMS


COMMUNITY RESOURCES
Public Social Agencies
Churches
Schools
Courts
Voluntary Social Agencies
POLICY MAKERS AND FISCAL PLANNERS
Mayor
City Councilmen
County Commissioners
Legislators
FOSTER CHILDREN AND THEIR FAMILIES
You
Me
You
Me
You
US!!!
CITIZENS

INTRODUCTION

Foster Family Services System

A broad definition of the foster family services system combines four basic elements: (1) community resources (i.e., department of social services, voluntary agencies, and support agencies, including health, public assistance, justice, and education); (2) citizens who are ultimately responsible for the quality of foster family services; (3) current and potential foster children and their families; and (4) federal, state, and local governments (which legislate and fund programs and have a responsibility to the citizens they were elected to serve). Responsibility for the provision of foster family services remains with the agency that has been legislatively mandated that function. A wide range of support services may be provided by any one or several departments and agencies. However, one social services agency is usually delegated responsibility for services which are intimately related to the foster family services system. For example, protective services, other forms of foster care (group homes and institutions), counseling for parents, financial services, etc., may be part of the agency's responsibility. Any and all services which may prevent possible but unnecessary separation of children or which provide alternative foster care are a part of the total system of services for foster children and potential foster children. However, such services may be the responsibility of a complementary division or unit.

Definition and Purpose of Foster Family Services

Foster family services are the child welfare services which provide (1) social work and other services for parents and children* and (2) if needed, family living in the community for children whose natural family cannot care for them, either temporarily or for an extended period of time. Foster family service begins when the question of separating the child from his/her family arises. It ends when the child is stabilized in his/her own or relatives' home, is placed for adoption, is placed in a more appropriate facility, or becomes independent.

Services to parents and children are for the purpose of helping them to make the best current and future adjustment possible for them. The child's best interest has priority. Recruitment, selection, development, and supervision of foster families is for the purpose of providing appropriate family and community living experiences and the quality of care, nurturing, and child-rearing practices most suitable for each child.

Placement in a foster family serves different purposes: (1) emergency care for not more than 30 days; (2) time-limited care while the natural family is being helped to improve the home situation and prepare for the child's return; (3) time-limited preadoptive care; (4) "permanent foster family" care on a planned basis, agreed upon in writing by all parties; and (5) specialized or treatment-oriented care of mentally, physically, and emotionally handicapped children, including delinquents.

For the purpose of this document the following definitions apply:

1. *Foster parent(s)*: This term will be used in most instances to denote foster mother and father, and when used in a general sense, to denote own children as well.
2. *Natural parent(s)*: This term will denote the biological parent(s) of the child and/or significant family members functioning in this role (such as grandparent, aunt, uncle, etc.).
3. *The Responsible State Agency or the Agency*: This term refers to the Agency which is responsible for the administration of the foster family services programs. Some states operate state-administered programs; other states supervise locally administered programs; still others operate some direct foster family programs while supervising local agencies which also operate foster family service programs.

The standards presented in this document relate only to foster family homes and not to group homes and institutions, which would be covered under a broad definition of foster care.

Objective

The Children's Bureau objective in issuing this publication is twofold:

1. To establish standards for foster family services systems which specifically relate to the administrative structure and service provisions of public agencies; and
2. To improve the quality of foster family services throughout the nation within a reasonable time.

THESE STANDARDS ARE NOT MANDATED BY ANY FEDERAL AGENCY, NOR ARE THEY RELATED TO ANY LEGISLATION OR FUNDING, EXISTING OR

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* "Children" includes youth to the age of majority.

PENDING. THE USE OF THESE STANDARDS BY INDIVIDUAL STATE AGENCIES TO IMPROVE FOSTER FAMILY SERVICES IS COMPLETELY VOLUNTARY. HOWEVER, THE CHILDREN'S BUREAU RECOMMENDS A PROCESS FOR IMPLEMENTATION OF THE STANDARDS WHICH REQUIRES A COOPERATIVE PLANNING AND WORKING RELATIONSHIP BETWEEN THE CHILDREN'S BUREAU AND THE RESPONSIBLE STATE AGENCY.

Basic and Goal Standards

In drafting standards, the design is to meet several expectations. First, they are intended to relate specifically to the administration of public agency programs responsible for providing foster family services. Second, there are two levels of standards. In formulating the Basic Standards, an attempt has been made to produce a set of criteria which would reflect a level of performance below which services are questionable. In addition, the level of performance of approximately one-third of the public agencies across the country meets or exceeds Basic Standards. Others will be able to attain the Basic Standards within a relatively short period of time. The Goal Standards are intended to represent an optimal level of performance which public agencies can work toward meeting within a specified period of time.

It should be emphasized that the Goal Standards are based on and are in addition to each Basic Standard; it is necessary for the Basic Standards to be met prior to application of the process for moving toward Goal Standards. Goal Standards are designed primarily to be used in planning for future upgrading of services.

Determinants of Quality of Services

The critical difference between the Basic and Goal Standards is the quality of services provided. Service quality is a function mainly of the amount of funds provided; the education, knowledge, skill and experience of all levels of staff; workloads which allow the staff adequate time to provide high quality services; leadership abilities of administrative and supervisory staff; regular assessment of programs and policies; and implementation of recommended innovations to upgrade services.

Planning and Implementation Process

Vital to a process which will assist states to meet the Basic Standards and move from Basic Standards to Goal Standards is a plan of action mutually agreed upon by the Responsible State Agency, Children's Bureau and the APWA technical assistance staff. The process for implementation of the Standards begins when the Responsible State Agency requests technical assistance from the Children's Bureau to improve foster family services.

Consultation and technical assistance from the Children's Bureau and APWA to improve foster families services will be provided when a formal request is made by the state department of social services. The steps in the process are—

1. A planning conference between the Responsible State Agency, APWA and Children's Bureau to decide on a plan for a study by a team of state staff and Children's Bureau and APWA technical assistants of the current quality of foster family services.
2. Mutual involvement in the study, which includes:
   a. Review of policy, manual materials, budgets, etc.;
   b. Review of a representative sample of cases;
   c. Interviews with representatives of all levels of staff.
3. Summary of facts and development of recommendations.
4. A written agreement on practical, time-limited objectives to reach the Basic Standard or a bench-mark level in moving toward Goal Standards.
5. Written agreement for monitoring by the team with dates.
6. Replanning of time-limited objectives based on the results of the monitoring.
7. Submission of team report to Children's Bureau and APWA for review and analysis.
8. Confirmation by Children's Bureau and APWA of status of the FFSS to the Responsible State Agency when it meets the Basic Standard, a selected bench mark, or the Goal Standard.

The Children's Bureau, APWA and state departments of social services must be partners in this process. It is necessary to understand that the *process* in reaching the Goal Standard is as important as the Standards themselves. The state agency must demonstrate that the Standards are *actually carried out in practice.*

STANDARDS

I. COMPREHENSIVE LEGAL BASE

BASIC STANDARD

The Responsible State Agency shall be mandated by legislation to set standards for and license foster family services and to administer, supervise, and purchase foster family services as a legal right for all children and their families who need such services.

GUIDELINES FOR IMPLEMENTATION

A. Foster family services shall be comprehensively defined, and an organizational structure established to carry out the legislative mandate.

B. The Agency shall be delegated authority for setting standards and licensing all voluntary foster family services agencies and proprietary foster family homes; authority includes responsibility for supervisory visits, renewals, and penalties for violating the regulations.

C. The Agency shall have authority to respond to evidence that children are in need of protection and placement; the Agency shall take immediate action to safeguard individual children and correct the circumstances leading to the need for protection.

D. When licensed in accordance with state law, voluntary and proprietary foster family service agencies shall be authorized to receive, allocate, and contract for funds for foster family services.

E. A legislative mandate shall establish the Agency's right and responsibility to accept a child for placement through voluntary agreement with the parents or guardians, court commitment, and relinquishment or commitment for adoptive placement.

F. The Agency shall have responsibility to advise regarding requests for charter and incorporation for voluntary and proprietary foster services agencies.

G. The relationships and responsibilities of related departments of the state government shall be established.

GOAL STANDARD

The Responsible State Agency shall be empowered to promote, safeguard, and protect the welfare and rights of children and their parents who may need foster family services.

GUIDELINES FOR IMPLEMENTATION

A. A legislative mandate shall establish the Agency's right and responsibility to establish a system for review and recommendations concerning requests for charters and the incorporation of voluntary and/or proprietary foster family agencies.

B. The Agency shall have the right and responsibility to intervene when local departments fail to provide adequate care.

C. Other State agencies (e.g., health, fire, etc.) shall be directed to provide consultation and other necessary services for the Responsible State Agency.

D. Provision shall be made for a system of ombudsmen to objectively represent parent(s) and foster children when they believe the Agency, a contracting agency, or any organization or individual providing substitute family care has infringed on their rights or failed to provide adequate services.

E. Information regarding foster children and their families given in confidence shall be protected under a ruling of privileged communication.

II. BUDGET

BASIC STANDARD

The Responsible State Agency shall establish a budget and seek the funds necessary to ensure that the foster family services system meets these basic standards.

GUIDELINES FOR IMPLEMENTATION

A. *Budget Planning*

Budget planning shall involve all levels of staff. These shall include—

1. Those who are knowledgeable in program planning and administration.
2. Staff-providing service, including foster parents.
3. Representatives of departments and agencies who relate to the service program, such as juvenile courts, health department, voluntary agencies, etc.
4. Local funding authorities, such as county governments.

B. *Budget Practices*

Sound budgeting practices shall be used based on cost of necessary staff, staff development, full reimbursement for child's living expenses, etc. In addition, budgeting shall take into account—

1. A sliding fee scale to be developed for the natural parent(s) or guardian(s) based on ability to pay for services and care, in order to encourage a continuing relationship leading toward the return of the child to the family and to help defray agency expenses.
2. Securing other funds to which the child is entitled, such as child support, estate, OASI, military service benefits, insurance, etc. Consideration should be given to preserving all or a portion of the funds for the child's future use, and preservation guaranteed when funds exceed costs.

GOAL STANDARD

The Responsible State Agency shall establish a budget and shall secure the funds necessary to ensure that the foster family services system meets Goal Standards for all children and their families who need such services.

GUIDELINES FOR IMPLEMENTATION

A. *Cost Effectiveness*

Regular cost-effectiveness analysis and auditing related to program goals and objectives shall be practiced.

B. *Emerging Needs*

Expanding and developing new services in response to special and emerging needs shall be implemented in all areas.

C. *Intake Services*

Special funds shall be provided for intake services to prevent the unnecessary separation of the child from his own family.

III. PURCHASE OF SERVICE

BASIC STANDARD

The Responsible State Agency shall provide for purchase of foster family services from voluntary and public agencies for children who can best be served by the agency selected; payment shall be at a rate agreed upon by both parties.

GUIDELINES FOR IMPLEMENTATION

A. A purchase contract shall be developed for a number of children or for special services for an individual child and/or their families which covers in detail—

1. The services to be provided, including aftercare follow-up.
2. Respective service responsibility of each agency (i.e., services to parent while child is in another agency's care, etc.).
3. The purpose and dates and recording of review conferences.
4. Amounts and dates of payments to be made.
5. Procedures for financial and program accounting.

B. Purchase-of-service contract may include staff to develop adoption homes for children with special needs.

C. The Agency shall pay full reasonable cost as negotiated and arrived at according to uniform cost account procedures.

D. Provisions shall be made which will enable an agency to change its services or resources for a child and/or parent in response to their changing needs after discussion of the proposed changes with the Responsible State Agency in advance and after receiving written authorization to proceed.

E. The purchase of foster family services shall promote pluralism, innovation, and the provision of the best service available for each individual child and family, but shall not absolve the Responsible State Agency of the obligation to develop its own capacity to deliver quality services for all children who need them.

GOAL STANDARD

The Responsible State Agency shall include payment for administrative, personnel, and direct costs in the purchase of service contract. Purchased services shall meet the Responsible Agency's standards and the contracting agency shall regularly account for money expended and for service effectiveness.

GUIDELINES FOR IMPLEMENTATION

A. Periodic evaluation of the purchase-of-service program shall include a review of contracts, agreements, the methods of establishing accountability, and the service effectiveness and cost effectiveness of the purchased service.

B. Criteria shall be established to ensure that administrative costs and the staffing plan are compatible and that a superior quality of service is delivered.

C. The contract may be for experimental and demonstration programs.

D. The purchase-of-service contract may provide higher payments for unusual deployment of staff to accomplish suitable adoption for foster children with special problems, etc.

E. A full range of services shall be available through direct provision or purchase for every child for whom the Agency has responsibility.

F. Each child with similar needs directly served by the Agency shall receive services of quality equal to those purchased for a designated child, or vice versa.

IV. PHYSICAL FACILITIES AND EQUIPMENT

BASIC STANDARD

The Responsible State Agency shall ensure the provision of adequate physical facilities which are accessible to those who use the services and which make for efficient and effective delivery of foster family services.

GUIDELINES FOR IMPLEMENTATION

A. *Office Space*

1. Offices shall include regional and or neighborhood offices readily accessible in all communities with service needs.
2. Offices shall be attractive and comfortable and shall include—
   - a. Reception area, with waiting room.
   - b. Staff lounges.
   - c. Conference and interviewing rooms.
   - d. Storage area for children's personal belongings.
   - e. Committee meeting and staff development rooms.
   - f. Staff offices.
   - g. Children's playroom.
   - h. File rooms.
   - i. Special facilities for the physically handicapped.

B. *Office Equipment*

Sufficient phones, typewriters, recording and dictating machines, and other office equipment and materials, including pens, paper, etc., shall be provided. Office equipment shall be replaced regularly when outdated or broken.

C. *Annual Review*

An annual review shall be made to assess Agency needs relating to physical facilities and equipment.

GOAL STANDARD

The Responsible State Agency shall ensure the provision of attractive agency facilities which will be readily available to those who need services and will provide all equipment necessary for efficient and effective delivery of foster family services.

GUIDELINES FOR IMPLEMENTATION

A. Office space shall include family visiting rooms.

B. Parking space shall be provided for staff, volunteers, citizens, and clients.

C. Agency vehicles, including mobile units, shall be available as needed.

D. Modern office equipment shall be utilized by the Agency such as—

- a. Projectors, teaching machines, and other audiovisual equipment.
- b. Data-processing equipment.

V. STANDARD DEVELOPMENT, LICENSING, AND ENFORCEMENT

BASIC STANDARD

The Responsible State Agency shall be empowered to set and enforce standards for the provision of foster family services and care by voluntary agencies and individuals.

GUIDELINES FOR IMPLEMENTATION

A. *General Procedures*

1. The Agency shall publish clearly defined requirements for application, and procedures to be followed in conducting a study and granting approval.
2. A written summation of the decision and the reasons for it shall be furnished by the agency in question.
3. Procedures for fair hearings shall be established and published.
4. No exemption on the basis of political or religious affiliation shall be allowed.
5. Coordination with other official departments in child licensing shall be established regarding statutes, ordinances, and rules.
6. Authorization shall be established for supervisory visits and licensing renewals, and penalties for licensing violations shall be set.
7. Administrative responsibility for systems management shall be assigned to a qualified person, and sufficient staff shall be provided.
8. Regulatory licensing responsibility shall be assigned to identifiable and qualified staff.
9. Licensing standards and procedures shall be reviewed and revised as indicated, no less frequently than every five years.
10. Standards shall meet minimum local ordinances.
11. Safety codes for family homes shall be adjusted to the realities of urban and rural areas, Indian reservations, etc.
12. National standards shall be reviewed and researched in regard to standards and licensing.
13. A policy shall be developed for the exchange of experience and thought with all officials with whom cooperative relationships are in existence (fire, health, etc.)

GOAL STANDARD

The Responsible State Agency shall be empowered *through legislation to promulgate and progessively* improve licensing procedures and standards with respect to foster family services, public and voluntary, profit and nonprofit, which it provides, supervises, or licenses, and from which it purchases services and or care. Required licensing standards shall be the same for all foster family services without regard to auspices.

GUIDELINES FOR IMPLEMENTATION

A. An advisory committee shall be involved in the formulation of standards, the administration of licensing service, and the development and review of improvements in licensing laws.

B. A mechanism shall be established which assures that citizens, agencies, foster parents, and consumers of services participate in formulating licensing and standards.

C. Sufficient staff shall be maintained to process all new child-placing and proprietary agency license applications within three months, with at least one supervisory visit every six months.

D. Sufficient staff shall be maintained to process all renewal applications within one month and make necessary supervisory visits every six months.

E. Regular planned interpretation of licensing and standards, using groups and media, shall be developed and implemented.

F. Consultation services shall be provided for the licensees to help them meet Goal Standards.

G. Children living in independent foster family placement situations outside Agency structures shall be protected.

1. Application-for-services form shall be available for use by individual home operator.
2. Agency shall provide appropriate follow-up service to be made by qualified staff for independent family homes.
3. Licensing study shall be initiated within three days of contact.
4. Legal services shall be made available when needed.
5. Children and parents shall be accepted, upon request, for Agency services beyond licensing activities.

14. The same standards for direct social services and foster family services shall be applied regardless of the auspices and without regard to financial need, social status, race, religion, or national origin, and at least of equal quality to those services provided directly by the state agency. These agencies shall retain the freedom to establish service to specific groups in accordance with their charter and purpose.
15. No contract or purchase of service from any agency, public or voluntary, shall be allowed which does not meet state licensing standards.

B. *Charter and Incorporation*

1. The Agency shall recommend for or against the application for charter or incorporation of any voluntary agency providing foster family services.
2. The license shall be renewed annually with a plan for an in-depth study no less than every 5 years.
3. Sufficient staff shall be available to process all new child-placing and proprietary agency license applications in order to assure that applications are handled within a six-month period, with at least one supervisory visit per year.
4. Consultation services shall be provided for the licensees to help them meet Basic Standards.
5. The license of the voluntary agency shall connote approval of all foster family homes related to the agency.
6. The Agency is responsible for revoking the voluntary agency's license and for closing it when facts show that it is not meeting the established Standards.

C. *Licensing Proprietary and Individual Foster Homes*

1. A family not affiliated with a social service agency shall be required to apply for a license within 30 days of accepting an unrelated child for ongoing care in the home.
2. Social services shall be offered the individual foster home and the natural parent(s) or guardian.
3. The Agency shall educate the public to their responsibility to report children living in unrelated families.
4. Complaints shall be referred to the licensing

unit which shall initiate processing within 72 hours.

5. A record shall be made of the length of time between the report and approval or refusal to license.

D. Other departments of the state providing foster family services shall be approved annually with an in-depth study no less frequently than every 5 years.

VI. COMMUNITY LEADERSHIP AND EDUCATION OF THE PUBLIC*

BASIC STANDARD

The Responsible State Agency shall ensure the development and implementation of a plan to inform and involve the community in the improvement of foster family services through community planning, coordination between various governmental organizations, cooperation between governmental and voluntary agencies, and social action.

GUIDELINES FOR IMPLEMENTATION

A. *Information*

1. Content

The information shall consist of reports and pamphlets for distribution, including an annual report on activities and accomplishments. Information shall highlight the special needs of foster children and their parent(s), the adequacy of resources, and changing needs and social/economic conditions which require new methods and resources.

2. Dissemination

The development and dissemination of information and public relations materials shall be planned to reach specific targets and involve the community in Agency programs.

3. Liaison

Liaison relationships with the press, TV, radio, house organs, and other media shall be established. Information disseminated through the media shall include general articles and programs, special articles and programs, recruitment campaigns, and human interest articles from child/parent(s)/foster parent(s)' point of view.

B. *The Agency shall encourage citizen involvement at all levels to include—*

1. Action for Foster Children Committees in each community (composed of representatives of voluntary citizens' organizations and other citizens), which shall be encouraged and given all information and assistance required for them to become knowledgeable and committed, and to take action in practical ways to improve services for foster children and their families.

GOAL STANDARD

The Responsible State Agency shall provide for an identifiable program for community information, community organization, and advocacy, directed by a specialist competent in public relations and knowledgeable in foster family services.

GUIDELINES FOR IMPLEMENTATION

A. *Information*

A community information program shall be established with a written plan for development and dissemination of educational, informational, and promotional material.

B. *Foster Parent Associations*

1. The Agency shall provide staff, funds, etc., to assist foster parent(s) in establishing and maintaining associations.
2. Foster parent(s)' association representatives shall be included in appropriate professional and community meetings as members of the team.
3. Foster parent(s)' association representatives shall be included as appropriate in program and budget presentations before boards, state legislatures, and other policy-making and governing bodies.
4. Foster parent(s)' association representatives shall work with other staff to improve education for fostering.

C. *Community Information Specialist*

A community information specialist shall be employed to—

1. Be responsible for an ongoing program of community interpretation.
2. Develop an annual plan for accomplishing the Agency's community information goals.
3. Develop and make use of communication channels with business and other house organs.
4. Secure cooperation of public communications media.
5. Interpret foster family services and recruit foster families via stuffers in monthly billings, leaflets, newsletters, and other means of communication, as well as develop radio and TV scripts for public service announcements and other programming.

** Throughout this document the expectation is that there will be special planning in relation to minorities with attention to language and identification barriers. This is especially important in dissemination of information, manual and guide materials, in grievance and fair hearings and direct service contacts.*

It is recommended that staff be designated for liaison activities.

2. Consumers, providers, voluntary agencies, other public agencies, citizens, and all levels of staff shall be involved in the development and evaluation of foster family service standards and licensing standards, as well as in assessing the need and adequacy of services.
3. Public/administrative hearings on standards shall be conducted before they are adopted.
4. An advisory committee shall be appointed to advise and recommend improvements in foster family services and to assist in a social action plan for children and their families. This committee shall be appointed by the governor or the administrator of the Agency and shall be representative of various interest groups, with rotating membership.

C. *Inter- and Intrastate Planning and Coordination with Other Agencies and Juvenile Courts*

1. Planning and Coordination

A mechanism for planning and coordination with other agencies and juvenile courts, within and outside the state, shall be established.

2. Placement Situations outside the Agency's Area

Placement of foster children across county and state lines shall be infrequent and occur only when necessary for the best interest of the child and not because of a lack of resources or foster family services in the originating community.

3. Agencies' Responsibility

   a. Joint and separate responsibility with and between agencies, particularly the juvenile courts and other courts, shall be clearly outlined and institutionalized in formal written agreements.
   b. If not already party to the Interstate Compact on the Placement of Children, the Agency shall pursue legislative enactment of said Compact. The Interstate Compact on the Placement of Children provides for—
   (1) Notification of appropriate state or local public welfare authorities in the state of intended destination *prior* to the placement made by out-of-state public and private agencies and persons, other than close relatives of the child making a placement with other close relatives.

6. Develop training for staff, including foster parent(s), regarding how to use human interest activities as a major interpretative tool. (Also see Foster Family Recruitment on pages 48 and 49.)

D. *Advocacy*

The Agency shall develop appropriate advocacy rules and procedures to alert the community to the need for—

1. Community services for families and children.
2. Easily accessible neighborhood services.
3. Citizen involvement at all levels in planning and action.
4. Demonstration of innovative approaches in developing community resources and Agency practices.
5. Involvement of foster parent associations and Action for Foster Children Committees in development of plans, interpretation to the public, budget hearings, and representation on policy and advisory boards.

E. *Social Action*

1. The Agency shall work toward the development of social action to improve economic and social conditions which often result in the breakup of families and the placement of children.
2. The Agency shall provide or coordinate with the necessary agencies services within the community which strengthen families-at-risk and help families to meet the needs of the child at home rather than through placement.
3. Legislation to safeguard and protect the welfare and rights of children, as well as to establish and enforce Goal Standards for social services to children and their parent(s), including licensing standards, shall be implemented.

F. *Planning and Coordination*

1. Inter- and intrastate coordination with other agencies shall be the responsibility of a staff planning and coordination board, which is composed of representatives of all foster family agencies and juvenile courts in the area and which meets regularly. Its purpose shall be to assure that services are available in the state, that services meet the changing needs of all children and their families who need services, and that children who should be placed in another situation receive prompt, effective service.

(2) An opportunity for officials of the social service department in the state of intended destination to investigate the proposed placement. No child from one party state can be placed in another party state prior to written notification that the placement does not appear to violate the interests of the child.

(3) Placement of delinquent children in institutional care in another state if no equivalent facilities are available for them in the state of residence and if a court hearing, with opportunity for the parent(s) to be heard, reveals that there would be no undue hardship.

(4) The continuance of responsibility for the child on the part of the agency or person sending him or her, but with the option of making agreements with agencies in the receiving state for cooperative supervision or discharge of these responsibilities.

D. *Minorities*

The Agency shall be alert to the needs and interests of minorities, and individuals shall be provided a prompt and adequate response to their concerns. The Agency shall assure that good communication is maintained with all minority interests.

E. *Foster Parent Associations*

The Agency shall work with foster parent associations to improve services for foster children and their families, through the use of Agency facilities and staff support. Agencies shall participate in defraying expenses for selected foster parent(s) and other staff representatives to the National Foster Parent Association (NFPA) National Conference, other conferences, institutes, and seminars.

2. Conferences between cooperating organizations shall be held on a regular basis to handle conflicts and make revisions in agreements and procedures.
3. Agencies shall provide written information on function and procedures of their programs.
4. A mechanism shall be established which will assure a regular means of securing feedback (questionnaires, interviews, conferences, etc.) from all cooperating agencies providing foster family services and from users of services.
5. The Agency shall establish membership in ARENA and the State Adoption Resources Exchanges.

G. *Minority Groups*

Minority group representatives shall always be involved in identifying needs, developing responsible in-service training programs, and planning for needed changes.

VII. OFFICIAL CITIZEN PARTICIPATION

BASIC STANDARD

The Responsible State Agency shall develop and utilize an advisory committee to the Agency administration that provides for citizen participation in fiscal, policy, and program planning.

GUIDELINES FOR IMPLEMENTATION

A. *Qualifications*

1. Advisory committee members shall have demonstrated an interest in and concern for foster children and their families.
2. Advisory committee members shall have sufficient time to devote to participating in committee activities.

B. *Establishment of overall Citizens' Advisory Committee shall provide for—*

1. A ratio between appointed and elected members.
2. Rotation with overlapping terms.
3. Composition of 9 to 21 persons.
4. Development of mechanisms for planning and evaluating the committee's activities.
5. Plans and mechanisms for coordination of efforts with other pertinent public and voluntary citizens' committees.
6. Use of staff services by the administration to assist committee.

C. *Responsibilities of Advisory Committees shall be —*

1. Study of needs and services.
2. Development of recommendations re:
   a. Policies and plans.
   b. Program improvement.
   c. Funds required to meet program objectives.
3. Broad interpretation of program to community and to power structure.

GOAL STANDARD

The Responsible State Agency shall ensure the selection and participation of a cross section of citizens, including consumers of services, representatives of voluntary agencies and organizations, and all levels of staff (foster parents, caseworkers, etc.) as appropriate on advisory committees, ad hoc committees, and/or boards of directors.

GUIDELINES FOR IMPLEMENTATION

A. Qualifications shall include the ability to contribute to the solution of problems and to carry out the responsibilities of a committee member.

B. Establishment of overall Citizens' Advisory Committee shall provide for—

1. Representation of all levels and pertinent interests in foster family services.
2. Formal reports to the community, including written reports, at least annually.
3. Representation, which shall include—
   a. Citizens at large.
   b. Concerned citizens' organizations.
   c. Foster parents.
   d. Natural parents.
   e. Foster children over 16 years of age.
4. Drafting and presentation of new legislation and realistic appropriations for services.
5. Recommendations to administrators as to changes in policies and procedures.

C. Responsibilities of advisory committees shall include—

1. Interpretation of program to general public and funding bodies.
2. Referring complaints and providing feedback to administration.

D. Special responsibilities of the governing board shall include approving policies and selecting the program director.

E. Special responsibilities of the ad hoc committee shall include—

1. Studies on a special subject or problem.
2. Recommendation to the program director, committee, or board.

VIII. RIGHTS OF NATURAL PARENT(S) AND CHILDREN

BASIC STANDARD

The Responsible State Agency shall ensure that parent(s) and children involved in foster family services are provided with copies of procedures for resolving grievances, as well as active help and information regarding legal rights and resources.

GUIDELINES FOR IMPLEMENTATION

A. The Agency shall provide and interpret to the parent(s) and child (as appropriate) a detailed statement informing them of their legal status and rights.

1. Legal Rights
   - a. Agency policies and practices shall be in accord with local, state, and federal statutes, and the Agency shall inform parents and children of their legal rights.
   - b. The Agency shall keep a current roster of legal services which are available within the community that might be helpful to parents and children whom the Agency serves and shall help them make use of these services.
   - c. The Agency shall establish policies and procedures which protect the legal rights of parents and children.
   - d. All court rulings, voluntary parental agreements for foster family services, or relinquishments for adoption shall be properly documented.
   - e. Information shall be provided promptly to the court to ensure that parents and children are notified of the time, place, and date of all court hearings and given sufficient time to prepare for the proceedings.
2. Grievances
   - a. The Agency shall develop manual and guideline material spelling out grievance procedures, which will be used as a positive tool for resolving conflict and correcting errors.
   - b. All appropriate persons will be informed of these.
   - c. The same consideration for a fair and impartial process which applies in legal situations shall also apply in grievance situations.
3. Steps shall be taken to ensure that the child's wishes and feelings are given in evidence at the court hearing and in grievance proceedings, but with proper protection for the child in view of the strain of adversary situations.

GOAL STANDARD

The Responsible State Agency shall ensure a structure within the Agency which is readily accessible to service users for redress of grievances and shall see that legal help is readily available.

GUIDELINES FOR IMPLEMENTATION

A. The Agency shall—

1. Provide a written plan for grievance and fair hearing, with final recourse to a court hearing.
2. Be responsible for obtaining legal counsel for parent(s) and/or child unable to pay for such services.
3. Provide notification of grievance proceedings in writing by the Agency, including time, place, and date of hearing within sufficient time to prepare for same.
4. Develop policies and procedures for allowing individuals to have access to information recorded about them, to contest the accuracy of information, to correct errors, and to place explanatory information in the files.

B. The Agency shall assist the parent(s) and child in understanding the result of a grievance proceeding, court decision, and legal status of the child.

IX. SPECIAL STANDARD FOR NATIVE AMERICAN INDIAN CHILDREN AND THEIR FAMILIES

BASIC STANDARD

The Responsible State Agency shall serve Indian children and their families who need foster family services living within the boundaries of the state, including those under the jurisdiction of the tribal courts.*

GUIDELINES FOR IMPLEMENTATION

A. Service for Native American Indian children and their families who need foster family services shall—

1. Be readily available on all Indian reservations.
2. Be made available with recognition that Indian Tribal Courts and Courts of Indian Offenses are courts of competent jurisdiction with respect to removing children from their own home.
3. Be of equal quality to that provided other foster children, on or off the reservations within the state.

B. The variety and quality of services shall include provision for meeting the child's needs relative to Indian heritage, Indian status, and tribal culture.

C. Official Indian representation shall be required in any group which is considering service, procedures, and policies for Indian foster children.

D. Regular meetings shall be scheduled with the tribal council to report on services and to revise the agreement as needed.

E. Unusual efforts and support shall be made to find suitable American Indian foster families for all American Indian children in need of services.

GOAL STANDARD

The Responsible State Agency shall ensure that native American Indian children and their families who need foster family services receive the same high quality of services as non-Indian children, that the same range of resources is available, and that services meet the child's needs relative to his American Indian heritage and status and his relationship with the dominant society.

GUIDELINES FOR IMPLEMENTATION

A. The state Agency shall acknowledge the authority of tribal courts when the latter has jurisdiction over a native American Indian child, and services shall be provided as appropriate to these courts, just as to state courts.

B. The Agency shall maintain current information about relevant sections of tribal codes in the state, or have ready access to such information.

C. Tribal Enrollment.

1. The Agency shall ensure that the native American Indian child's enrollment in his tribe is verified and/or take all necessary steps to have him enrolled when he is eligible.
2. The Agency shall maintain a listing of eligibility requirements for all tribes within the state and information on any pending settlements for tribes through the Court of Indian Claims and individual eligibility requirements for share in such settlement.

D. The Agency shall ensure a sufficient number of suitable native American Indian foster families by providing salaries, with fringe and housing benefits when needed, as well as full reimbursement for costs of the child's care.

E. The Agency shall provide for native American Indian staff members to be represented proportionately (as far as possible) to the number of native American Indian children in caseloads exceeding 1% (or one staff representative of each tribe with 25 or more children receiving foster family services).

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* *The jurisdictional questions which may arise regarding situations on federal Indian reservations make these Special Standards necessary for the purpose of clarification. For further information, state agencies administering approved public assistance plans shall refer to State Letter No. 1080, March 25, 1970, from SRS-APA-PS. (See Appendix.)*

X. STATISTICS AND REPORTING

BASIC STANDARD

The Responsible State Agency shall develop and implement a reporting system to gather uniform facts vital to the provision of foster family services, including participation in community, statewide, and national reporting systems.

GUIDELINES FOR IMPLEMENTATION

A. The Agency shall compile monthly and annual statistics to be used periodically in the determination of service and cost effectiveness in order to improve foster family services accountability.

B. Statistical analysis shall include—

1. The number of families requesting service, served, and closed.
2. The number of children receiving services.
3. The number of placements and replacements.
4. The length of time a child is in foster family care in relation to the planned objectives and results.
5. The number of foster homes, resources, etc. utilized.
6. The average number of children in each foster home.
7. Information re independent, non-Agency-affiliated foster homes, i.e., children and family accepted for services as a result of application, number of applications, and licenses issued.
8. The number, characteristics, age, sex, and outcome of the children served by public and voluntary agencies.
9. Turnover of staff, including foster parent(s), with reasons for termination and lengths of service.
10. Workload.
11. Costs per unit of service.

C. The design and implementation of any reporting system shall protect confidentiality.

D. The Agency shall publish all relevant foster family service statistics in an annual report.

GOAL STANDARD

The Responsible State Agency shall employ computerized data and reporting systems compatible with any existing federal system, which will enable the Agency to gather uniform and comprehensive facts vital to providing foster family services.

GUIDELINES FOR IMPLEMENTATION

A. A data-processing bank for diagnostic and predictive data shall be developed and utilized by the Agency in the collection and analysis of all data relating to foster family services.

B. The raw data shall be analyzed and used to—

1. Provide information to the Agency administrators and the community on Agency programs and services.
2. Identify need for progressive change in policy and/or procedures.
3. Identify need for research.
4. Estimate the need for additional and/or different resources.

C. A method shall be developed for estimating the percent or rate of those in the child population who probably need foster family services.

D. Information gathered as a result of this data system that identifies the client by name or social security number shall not be communicated to other agencies, reporting systems, or individuals without the written consent of the client.

E. Policies and procedures shall be developed for destroying confidential information about individuals when it has served its purpose.

F. Policies and procedures shall be developed for allowing individuals to have access to information recorded about them, to contest the accuracy of information, to correct errors and to place explanatory information in the files.

XI. PERIODIC REVIEW AND ASSESSMENT OF FOSTER FAMILY SERVICE SYSTEM

BASIC STANDARD

The Responsible State Agency shall ensure the development and implementation of a system for review and assessment of foster family services, at least every five years, for the purpose of program maintenance and improvement.

GUIDELINES FOR IMPLEMENTATION

A. The review and assessment process shall be put into effect on a planned basis and shall include methods for periodic review such as the Tickler System to alert supervisory staff re dates on which case objectives are to be met. (See page 64.)

B. Plans and schedules shall be developed for utilization in the review process.

C. All staff shall be involved in the planning for review and assessment and alerted to time schedules.

D. A representative sample of cases shall be selected for recording on a review schedule.

E. Selected staff, including foster parent(s), shall be designated to receive training in review procedures and implementation.

F. Based on conclusions and recommendations made during the review and assessment process, definite, time-limited plans shall be developed to improve the foster family services system.

G. Progress shall be monitored on a regular basis. (See page 31.)

H. Current policies, procedures, and manuals shall be revised, as recommended as a result of the assessment, at least every five years.

I. The review and assessment process shall be revised as a result of experience.

GOAL STANDARD

The Responsible State Agency shall develop, through the use of specialized resources such as data processing, a system of ongoing review and assessment which shall be carried out by a separate division established to determine service and cost effectiveness.

GUIDELINES FOR IMPLEMENTATION

A. The responsibility for review and assessment of the foster family services system shall be placed in a separate division headed by a specialist with knowledge, education, training, and experience in social science research, and with special expertise in child welfare.

B. The assessment and review division shall be staffed with personnel who have knowledge of social science research and the evaluation review approach, plus experience in child welfare.

C. Research methodology and tools appropriate to the purpose of evaluation shall be utilized, and the results shall be used administratively for the purpose of making improvements in foster family services.

D. An advisory committee composed of 50% citizens from outside the Agency and 50% staff including foster parents shall be used as an integral part of the total Agency system to study and report on the adequacy of foster family services, in light of changing social and economic conditions.

E. The assessment and review shall include management policies and procedures as well as service practices to determine effectiveness.

F. The Agency shall develop and utilize an effective method for determining the results of services as seen by the foster child and/or his/her family.

G. The review and assessment shall be intensive enough to ensure that it reflects the realities of the existing system, with special emphasis on the input of resources relative to the outcome.

H. The review and assessment shall be ongoing, with an intensive study at least every five years. Information gathered in the previous years shall be used in formulating study on an intensive level every five years.

I. A report shall be made to the community detailing successful outcomes, problem areas, and recommendations and changes needed to improve service effectiveness and cost effectiveness.

J. The Responsible State Agency shall cooperate with other agencies, foundations, etc., including appropriate research efforts, particularly those directed toward need for program change.

XII. RESEARCH

BASIC STANDARD

The Responsible State Agency shall provide for research relevant to the effectiveness of the Agency's practices and programs.

GUIDELINES FOR IMPLEMENTATION

A. Research shall be conducted by professional staff with knowledge, education, and/or experience in research.

B. Research may be either conducted by the Agency staff or purchased.

C. Vital areas to be given priority shall include—

1. Program planning.
2. Program management.
3. Unmet needs.
4. Cost and service accounting and effectiveness relative to outcome and time frame.
5. Contributions to theory and professional knowledge relating to—
   - a. Child development.
   - b. Family adjustment.
   - c. Foster parent(s)' development and effectiveness.
   - d. Development and effectiveness of social service and related services.
   - e. Utilization of related services.
   - f. Operation and administration.
   - g. Community organization.

D. Analysis shall be made of qualitative and quantitative measures of difference between foster family services in various designated areas of the Agency's jurisdiction.

E. Plans should be developed for ongoing communication and coordination between state, federal, public and voluntary child welfare agencies in relation to all research.

F. Findings and reports of research shall be disseminated to interested community, state, and national organizations.

GOAL STANDARD

The Responsible State Agency shall provide for an identifiable research unit which shall be charged with research pertaining to the effectiveness of the Agency's practices and programs, and innovations which can be tested and/or demonstrated.

GUIDELINES FOR IMPLEMENTATION

A. The research unit shall be headed by a specialist whose knowledge, education, training, and/or experience qualify him or her to conduct child welfare research.

B. Sufficient staff with knowledge of social science research developed at the master's level and training in accepted research methodology shall be maintained by the Agency.

C. At least one project shall be operational at all times for special research and demonstration in order to add new knowledge or innovative processes and/or services.

D. Data collected regarding diagnostic decisions, termination, and the significance of the average length of service shall be analyzed, and the results shall be utilized in improving Agency practices.

XIII. MANUAL AND GUIDE MATERIALS

BASIC STANDARD

The Responsible State Agency shall provide a manual and written guide materials for staff (including foster parents) relating to the foster family services program, which shall be revised at least every five years.

GUIDELINES FOR IMPLEMENTATION

A. Manual and guide materials shall include—

1. Philosophy and goal statement.
2. Instructions regarding policy and procedures.
3. Specific "how-to" instructions.
4. Updated plan regarding content and timing of recordings.

B. Manual and guide materials shall be revised on an ongoing basis as policies and procedures change, as relevant legislation is passed, or as a result of the review and assessment process (see page 25), but not less frequently than every five years.

C. Foster Parent(s)' Manual
The foster parent(s)' manual shall include basic information needed by foster parent(s), e.g., instructions for preparing and filing expense accounts, using community resources, phone numbers for clinic, brief statement of roles of social service worker and foster parent, worker's name and phone number, etc.

D. Foster Parent(s) Newsletter
The Agency shall assist the foster parent association with the development of a regular foster parent newsletter, as indicated.

GOAL STANDARD

The Responsible State Agency shall revise and prepare manual and guide materials at least every three years, with special attention to readability.

GUIDELINES FOR IMPLEMENTATION

A. A committee composed of staff members from different levels, including foster parents, workers, and supervisors, shall review and analyze guidelines and manual material and formulate recommendations and format for revisions.

B. Staff with special experience and qualifications for preparing manual and guide materials shall be assigned this function.

C. Information shall be secured from other state and voluntary agencies on their manual and guide materials for consideration and use in revision of these materials.

D. Manual and guide materials shall include comprehensive coverage of all aspects of Agency programs and services.

XIV. CASE RECORDING

BASIC STANDARD

The Responsible State Agency shall maintain case records which contain necessary information regarding the child and natural parent(s), the child's adjustment in the foster family home, the services provided and secured and the outcome of the services, and shall protect the confidentiality of these records.

GUIDELINES FOR IMPLEMENTATION

A. Case records shall contain—

1. Selected process recording of especially sensitive material for diagnostic, treatment, and teaching purposes.
2. Concise, relevant summary recording.
3. Current diagnostic evaluation of the child, natural parent(s) and the socioeconomic situation.
4. The treatment plan for natural parent(s) and the child, with updated time-limited objectives of placement, services and outcomes.
5. Reports of case conferences, consultations, etc.
6. Observations, findings, and other relevant material provided by foster parent(s).
7. Detailed medical, psychiatric, psychological, and other such reports, as indicated.
8. Financial agreements and arrangements.
9. Current fact sheet materials, statistics, etc.
10. Voluntary agreements or court orders for foster placement and court order of voluntary relinquishment for adoption.

B. Selected case records shall be used as a teaching and practice tool in conference and in-service training of staff, when appropriate.

GOAL STANDARD

The Responsible State Agency shall establish a system of recording which ensures that necessary information concerning the child, natural parent(s), and services provided are readily available.

GUIDELINES FOR IMPLEMENTATION

A. The Agency shall implement the use of up-to-date case-recording techniques to streamline records without resultant loss of value and content.

B. In-service training shall be provided for staff regarding innovative case-recording techniques.

C. The final evaluation shall be completed and recorded within one month after termination of the case and shall include documentation adjustments following termination of services.

D. Recording shall be of the highest quality as measured by currency, process and delineation of personal and situational factors.

XV. STAFF

BASIC STANDARD

The Responsible State Agency shall establish the budget and work toward implementing an adequate, identifiable foster family services system through selecting, developing, and retaining a sufficient number of qualified staff in all classifications.

GUIDELINES FOR IMPLEMENTATION

A. *Organizational Structure*

The organizational structure shall ensure that a sufficient number of staff are available to fill the positions specified below.

B. *Merit System*

1. Administrative Staff

Administrative staff shall possess MSW (or the equivalent) credentials and experience in child welfare services.

a. Director of Responsible State Agency

The director shall have proven leadership ability and knowledge of child welfare programs as proven by past experience. The director shall have the ability to establish and maintain a sound legal, organizational, and administrative structure and provide leadership for staff and community in developing foster family services.

b. Foster Family Specialist, Including Field Staff (where applicable)

The administrative staff shall include a specialist (encompassing field staff where applicable) with knowledge, training, and experience in foster family services. This field staff shall be accountable for providing leadership for continuous growth in quality foster family services and assist in the development, coordination, and implementation of programs to meet the emerging needs of the community served by the Agency.

c. Supervisors

Supervisors shall have demonstrated ability in foster family services practices, ability to teach and transmit knowledge, and skills which will ensure staff development and supervision through both group and individual interaction.

d. Staff Development Specialist

A staff development specialist shall be em

GOAL STANDARD

The Responsible State Agency shall establish the budget and secure the funds necessary for employing staff that will ensure foster family services which meet Goal Standards for all children and their families needing such services.

GUIDELINES FOR IMPLEMENTATION

A. *Organizational Structure*

The organizational structure and number of staff shall be based on studies of number of children and their families in need of service and problems presented. The staff shall have high levels of competence as measured by education attainments, years of experience and other qualifications which will enable the Agency to provide quality services in the most efficient manner. At least three-fourths of the professional staff shall have a MSW degree or the equivalent graduate training appropriate to their function, such as in the fields of child development, education, sociology, psychology, or public administration; all shall have the training and experience called for in the job description.

B. *Merit System*

1. Administrative Staff

Administrative staff shall have proven superior ability in leadership and coordination of services. All administrative staff shall possess a MSW or the equivalent appropriate graduate training as outlined above.

a. Director of Responsible State Agency

The director shall have proven superior administrative and leadership abilities and knowledge of child welfare programs.

b. Foster Family Services Specialist

The foster family services specialist shall have proven superior knowledge, training, and experience in foster family services. These staff shall be required to participate in special education programs, conferences, seminars and workshops related to foster family services on an ongoing basis.

c. Supervisors

Supervisors shall have proven superior ability in promotion of effective practices, coordination of services, teaching, and accountability for program objectives, includ ployed to administer the staff development program, including all levels of staff providing foster family services. This specialist shall have training and experience in adult education and in individual and group work teaching techniques as applicable to foster parents and all other staff.

2. Direct Service Social Work Staff

Direct service social work staff, including licensing worker, foster family recruiter, and study-evaluation worker, shall have at least a BA degree and preferably social work training and experience. This staff shall include workers with competence in casework, group work, and community organization. This staff group shall have various responsibilities in working directly with the parents and children and/or recruiting, employing, licensing, and working with foster parents. Qualifications at a beginning level shall be sufficient to carry out specific tasks required in the provision of foster family services, including—

a. Specialized knowledge and skills related to—

(1) Early childhood, latency age, and adolescent development.

(2) Adult personality, especially psychological implication of parenthood.

(3) Availability and use of community resources.

(4) The meaning of separation and lack of continuity in relationships.

(5) Parenting and parent-child relationships.

(6) Child care and placement, especially as related to foster family services.

b. Beginning ability and capacity to—

(1) Communicate and work effectively in a professional relationship with children.

(2) Accept and work effectively with child's natural family toward restoration and reestablishment of the home for the child, relinquishment for adoption, or other desirable outcome.

(3) Recognize own personal characteristics, especially related to prejudicial attitudes and parental relationships, which may interfere with effective functioning in providing services to foster children and their families and working with foster families.

(4) Identify and comprehend worker's proper role in relation to placement situation and individuals involved.

ing setting up and monitoring time-limited diagnostic plans for each family and foster child.

d. Staff Development Specialist
Specialist shall be competent and knowledgeable in the area of staff development with education, training, and experience in adult education and foster family services.

e. Family Development Specialist
Specialist shall be competent and knowledgeable in the area of family development and therapy, with specific education, training, and experience which will qualify him to assist staff in helping parent(s) of foster children.

2. Direct Service Social Worker Staff

All direct service social workers shall have professional social work training in an undergraduate or graduate program, and not less than one-half the direct service staff shall have a MSW. All staff shall demonstrate the highest level of competence in carrying out the specific tasks required to provide quality foster family services.

3. Paraprofessional Staff Aides

The Agency shall develop a special program for encouraging professional training through provision of grants, scholarships, stipends, and educational leave, as well as a range of staff development opportunities.

4. Clerical and Other Support Staff

Clerical and other support staff with appropriate skills shall be available in all categories, at a recommended ratio of 1 support staff to 2 social service staff members. All staff in this classification shall possess the highest level of education and experience in their particular field and shall have demonstrated their individual competence by successfully passing Agency examinations or through a career ladder enabling advancement according to their ability.

5. Consultants

The highest quality of professional consultants shall be readily available through employment or by contract.

C. *Staff Recruitment*

Staff recruitment on a year-round basis shall be related to the Agency's regularly assessed need.

(5) Develop decision-making skills necessary to carry out responsibilities inherent in foster family services.

(6) Carry Agency authority while developing a teamwork relationship with foster parent(s).

(7) Participate effectively in diagnostic conference, etc.

(8) Utilize supervision, consultative services, and staff development opportunities to improve knowledge and skills, especially as related to reaching decisions that have far-reaching implications for other individuals' lives.

(9) Employ objectivity in analyzing and evaluating needs of children (and their families) in foster family placement.

(10) Utilize Agency statutes, regulations, and policies in evaluating individuals and foster homes, without imposing own personal criteria and standards.

(11) Provide feedback to the Agency as to problems and changes that are needed.

(12) Make the best use of available resources while contributing to the development of additional resources.

(13) Develop positive attitudes and orientation to foster parenthood and the ability to derive satisfaction from developing foster families.

3. Paraprofessional Staff Aides

Paraprofessional staff aides shall provide support and assistance to professional staff in tasks as assigned, e.g., providing transportation for foster children and parents, baby sitting, reporting observations, etc. Qualifications shall include motivation and skills necessary to fulfill task expectations.

a. The Agency shall provide close supervision and a formal in-service training program for such workers.

b. Career ladder concept shall make it possible to advance in the organization upon completion of training and demonstrated performance on job.

4. Recruitment of Social Services Staff

a. Staff recruitment shall be based on Agency's regularly assessed needs and reflect current trends.

b. Publicity shall be utilized in recruitment programs—for example, which will be consistent with the provision of Goal Standard level of foster family services.

D. *Staff Development*

The Agency shall provide a program for staff development for all levels of staff (including foster parents) in order to provide high-quality foster family services. The Agency shall establish a library which makes available basic professional literature, current professional and paraprofessional publications, audiovisual media, and other resources (i.e., legislation affecting child welfare services). Staff development opportunities shall be available and required of all staff at least every six months; however, this is not to be construed to mean that opportunities shall not be offered more often.

E. *Personnel Policies and Procedures*

1. Personnel policies and procedures shall provide clear written information which will allow all staff to meet the expectations set by the Agency for high-quality foster family services and which will be conducive to staff retention.
2. All levels of staff and pertinent advisory committees shall be included in the development and revision of personnel policies on a regular basis, no less often than every three years.
3. Personnel policies and practices shall provide for fair hearing and grievance procedures for all staff.
4. Procedures shall be instituted for immediate referral for counselling and treatment for personal or family problems of all staff upon request, including foster parents.
5. The right to privileged communication shall be respected for all staff, and the right to confidentiality of information will be stressed for staff, volunteers, and advisory committee members.

F. *Workload*

The workload of all staff shall be limited so that they can perform at the highest level possible in fulfilling job expectations.

1. When the Agency elects to provide services through a team consisting of social services staff, paraprofessionals, clerical staff, and foster parents, the workload of the team shall be limited to provide the highest level of competence and the workload of each team member shall be assigned according to each member's

(1) Advertisement in professional publications.

(2) Public communication media.

c. The Agency shall coordinate its recruitment program with colleges, universities, business and technical vocational training schools which offer programs related to Agency services.

d. Special efforts shall be put forth to recruit staff who have qualifications which will enable them to work with children who have special needs (mentally retarded, etc.).

e. Special efforts shall be put forth to recruit staff who are qualified to help with personal needs of the parent(s) and in improving parenting ability.

f. Special efforts shall be made to employ experienced, articulate foster parents, especially to work in recruitment and staff development areas.

5. Volunteers

(Refer to the standard specifically related to volunteers on page 59.)

6. Foster Parents

Foster parent(s) on a nonsalaried, contract, or salaried basis shall be recruited and kept available for emergency, temporary, permanent, and specialized services. (See pages 43 to 57.)

7. Clerical and Other Support Staff

The Agency shall employ a sufficient number of clerical and support staff to assure that Agency services are effective.

a. Clerical and support staff shall include secretaries, receptionists, record-keeping staff, accountants, bookkeepers, drivers (when applicable), equipment and ground maintenance persons, janitors, and other staff necessary to assure that the Agency's services are effective.

b. Agency shall review the functioning of the staff and establish a ratio for clerical support staff in view of a recommended ratio of one clerical/support staff to four professional staff.

8. Professional Consultation

a. Professional consultants in specific categories, as appropriate, shall be employed or function and ability, with expectations clearly differentiated.

2. Direct Service Social Workers

Workloads shall not exceed the relationships and tasks represented by a maximum average of 35 foster children and their families.

3. Foster Family Recruiter

The Agency shall review and set standards for the workload of foster family recruiters based on the number of applications received and the rate of selection, with a recommended average of 20 applications with no less than 50% selection per worker per month.

4. Study-Evaluation Worker

The Agency shall review and set a measurement for the workload of the study-evaluation worker which guarantees the quality of the selection of foster families for specific needs of children under care.

5. Supervisors

The ratio shall not exceed one supervisor to four inexperienced or eight trained direct service workers, plus other assigned tasks.

6. Foster Parent(s)

The number of children placed in a home shall be determined by the child's need for individual specialized parenting and peer relationships and shall in no case exceed the number set by licensing standards. (See page 45.)

contracted with for full or part-time employment, or they shall be available by written agreement through community clinics and hospital resources operated by related agencies, such as mental health departments. They will provide—

(1) Consultation to appropriate staff relating to needs and problems of specific children and families receiving foster family services.
(2) Staff training through individual and group teaching and/or case consultation.
(3) Direct service to the children and/or their families.
(4) Testing, diagnostic, and treatment services, as indicated.

b. The Agency shall require that consultants and/or specialists employed, retained, or contracted with shall—

(1) Meet requirements of their fields and possess professional competence.
(2) Demonstrate a willingness and ability to provide needed services in such a manner that they form an integral part of the total service to the Agency.
(3) Possess special comprehension of and interest in foster family services.
(4) Identify with the philosophy and goals of the Agency.
(5) Show a willingness to collaborate with other professional workers and have their specific service coordinated through the direct service social work staff.

9. Specific Categories—Professional Consultation
a. Medical

(1) A physician from an appropriate speciality, such as pediatrics, to set up the Agency's medical/health care program and supervise and integrate medical services.
(2) A psychiatrist with training and experience in treatment of children and family relationships, preferably in disrupted home-life situations.
(3) Other medical, dental, and nursing resources (including public health nurses) to assure that the needs of the children in the Agency's care are being met.

b. Psychological
Psychologists to administer psychometric and projective tests and interpret test find-

ings, and who possess competence and experience in working with children with psychological problems.

c. Social Service
Social service consultants qualified in administration and/or practice in family, child welfare, or foster family services.

d. Legal Counsel
The Agency shall retain or have available through other departments (i.e., attorney general's office, department of justice, own office counsel, and/or local prosecutor's office) legal counsel to—

(1) Interpret and clarify legislation relating to operation of Agency programs.

(2) Interpret and clarify legal implications of statutes, policies, regulations, and practices relating to foster family services.

(3) Represent the Agency in court proceedings relative to custody, status, and protection of children.

(4) Review legal documents and proceedings.

(5) Train social service staff to become effective in court proceedings.

e. Nutritionist and Other Specialists in Child and Family Development
The above shall be involved in the orientation and ongoing sequential staff development of social services staff and especially foster parent(s) to assist them in developing, maintaining, and/or upgrading their understanding and level of practice in nutrition, child development, and family functioning.

C. *Staff Development*

1. The Agency shall develop and implement an organized, structured program which assures the continued development of staff on all levels, including clerical, paraprofessional, and other support staff.

2. Staff development opportunities shall include—

   a. Educational leave and grants.
   b. Attendance at conferences, institutes, etc.
   c. Sequential in-service training programs.
   d. Availability of professional and other publications related to foster family and child welfare services.

3. Staff development opportunities (in addition to those provided by supervision and consulta-

tion) shall be provided for all staff at least once a year; however, this shall not be construed to mean that staff development should not take place more frequently whenever possible.

D. *Supervision*

Regular supervision shall be available to every staff member including individual and group supervision. The extent of supervision shall be based on the skills, qualifications and performance of the individual. The purpose of supervision shall be to—

1. Assure the best possible service for each child and her/his family.
2. Judge whether the worker is meeting performance standards.
3. Promote professional growth.
4. Insure helpful feedback to administration.

E. *Personnel Policies and Practices*

Personnel policies and practices shall be established and consist of written statements regarding—

1. Job descriptions and qualifications.
2. Standards of performance for all positions.
3. Conditions and procedures of employment, including adequate facilities and equipment, promotion, salaries (range and increments), contracts, time and method of annual staff evaluation, termination, vacation, sick leave, holidays, retirement, and fringe benefits.
4. Fair hearing and grievance procedures for all staff, including foster parents.
5. Regular staff meetings to facilitate communication for all levels of staff, including foster parents, especially in large agencies.
6. Personnel's right to privacy and confidentiality.
7. A mechanism' (such as questionnaires, committees, etc.) for staff involvement from all levels in the development and revision of personnel policies and a review of personnel policies not less than every five years and preferably every two years.

F. *Salaries*

Competitive salaries shall be established which ensure the attraction of qualified staff in all categories. Salary ranges and steps shall be developed in corresponding levels appropriate to education, training, and/or experience.

G. *Workload*

The workload for each staff member shall be based on modern workload measurement techniques and take into account skills and experience, as well as the tasks assigned, time required, funds available, and travel and recording time.

1. Direct Services Social Work Staff

a. The Agency shall establish a weighted formula and method of assigning workloads. This shall reflect—

(1) The staff members' skills and experience.

(2) Strengths and weaknesses of natural family and foster children.

(3) The multiplicity of relationships.

(4) The geographic location.

(5) Coordination with other agencies and community resources.

(6) Case management processes.

(7) The teamwork relationship with the foster family.

b. The average workload for the agency, including uncovered cases and other responsibilities, shall be no more than that represented by an average of forty-five foster children and their families.

2. Foster Family Recruiters

A full- or part-time recruiter shall be responsible for a year-round ongoing public relations effort using volunteers and employing group meetings for finding and screening potential foster family applicants. The Agency shall review and set standards for the workloads of foster family recruiters based on the number of applications received and the percentage of applicants selected to become foster parents.

3. Study-Evaluation Worker

The Agency shall review and set a standard for the workloads of the study-evaluation worker including approvals, nonapprovals, and withdrawals.

4. Supervisors

The number of supervisors required shall be determined by the Agency's responsibility, and also the size, training, experience, and level of competence of direct service social work staff. In order to allow for adequate supervision and other management responsibilities, the ratio shall not exceed one supervisor to five inexperienced and untrained or ten trained direct service social workers.

H. *Specific to Minorities*

The Agency shall take aggressive actions to locate minority personnel (Blacks, Spanish speaking, Indians, etc.) in proportion to groups served.

1. Recruitment

Recruitment of candidates for professional training shall be ensured through securing needed financial support for training.

2. Opportunities for Improvement of Skills

Opportunities shall be provided for minority group personnel to increase their skills and progress to positions of increased responsibility, commensurate with their abilities.

3. In-service Training

In-service training for all staff who work with minority groups shall be provided to sensitize them to problems peculiar to such groups (Indian heritage, ethnic mores, tribal culture, socioeconomic situation, etc.). Special emphasis shall be placed on the involvement of representatives of these groups in this training.

4. Training Materials

Training materials (with minority staff input) which are realistic and descriptive of ethnic elements to which they apply shall be developed.

5. Language Training

Bilingual staff and/or language training for staff from the dominant culture, shall be provided where it is especially needed.

XVI. RECRUITMENT, SELECTION, DEVELOPMENT, AND RETENTION OF FOSTER FAMILIES*

BASIC STANDARD

The Responsible State Agency shall develop and implement a system which will provide a foster family placement appropriate to each child's needs.

GUIDELINES FOR IMPLEMENTATION

A. *Classifications of Service Provided by Foster Families*

1. Emergency (for 30 days and in most cases not longer than 14 days)
2. Temporary (child expected to *return home* within the time set at the diagnostic conference, usually less than 1 year)
3. Temporary (child expected to be placed for *adoption* within the time set at the diagnostic conference, usually less than 2 years)
4. Permanent (written agreement for planned care until child reaches majority)
5. Specialized (for children with special needs, mentally retarded, emotionally disturbed, major behavior problems, physical illness, handicapped, etc.)

B. *Basic Requirements for Foster Families*

Foster families shall meet the following physical, financial, demographic, and personal criteria:

1. Physical Requirements

   a. Age

   The age of foster parent(s) shall be a consideration only as it affects their physical capability, flexibility, and ability to care for a specific child.

   b. Health

   A written statement from a physician regarding the foster parent(s)' and their children's general health, specific illnesses, or disabilities shall be a routine part of the study-evaluation process. Foster parent(s) and all other adults and children present in the home shall submit a written report verifying that they have taken tuberculin and venereal dis-

GOAL STANDARD

The Responsible State Agency shall ensure establishment and implementation of a system for providing developmental opportunities, including certification and career achievement for salaried or contract foster families (except by agreement with certain permanent foster families).

GUIDELINES FOR IMPLEMENTATION

A. *Foster Parents*

A sufficient number of foster families shall be selected for personal qualities and foster parenting ability so that each individual child's needs will be met and objectives for the child and his family will be achieved. Family composition, number of children in a family, age of the foster parent(s), health, income, employment, moral, ethical, and spiritual development, physical facilities, location of the home, and comfort and privacy shall be expected to sustain the highest level of foster parenting.

B. *Recruitment*

The Agency shall establish and implement a continuous recruitment program directed by an advisory committee composed of foster parents, social work staffs of public and voluntary agencies, and public relations experts. A staff member shall be designated to coordinate and organize recruitment efforts and shall secure the assistance of foster parents, foster parent organizations, and foster children in recruitment efforts. Agency shall utilize on an annual basis almost all of the following:

1. Publicity—
   a. Articles in newspapers, including industrial publications.
   b. Mobile units in neighborhoods, fairs, etc.
   c. Leaflets.
   d. Regular, planned door-to-door solicitations by foster parents and others.
   e. Speakers bureau and shopping center exhibits.
2. The securing of a budget sufficient for expanded recruitment efforts.
3. A recruitment plan which shall include—
   a. Recruitment on a continuous basis all year.
   b. Cooperation and sponsorship with other agencies, when indicated.

When the term "foster family" is used, all family members are implied. "foster parent(s)" refers to "foster mother and/or foster father," with due recognition of the importance of the foster father's favorable attitude toward his role.

ease tests and have been found free of disease; other tests may be required as indicated. Statements re health shall be updated annually.

c. Physical Handicaps

Physical handicaps of foster parent(s) shall be a consideration only as it affects their ability to provide adequate care to foster children or may affect an individual child's adjustment to the foster family. Cases shall be evaluated on an individual basis with the assistance of a medical consultant when indicated.

2. Income

a. When the Agency does not have a plan for paying foster families a salary, it shall determine that the foster family's income is stable and sufficient for the maintenance of the family and that reimbursement for the foster child's maintenance is not needed for the foster family's own expenses.

b. Employment of Foster Parent(s) outside the Home

(1) In two-parent homes it is preferable, in most instances, that both foster parents shall not be employed outside the home so that one parent is available for the parenting that the child requires. The Agency shall make decisions regarding such situations on the basis of what is in the best interest of the child.

(2) When both parents in a two-parent home and when single parents are employed, it is preferable that the home be used for school age children and only when there are suitable plans (approved by the Agency) for care and supervision of the child after school and during the summer while parent(s) are at work.

3. Physical Facilities

a. Safety
Physical facilities of the foster home shall present no hazard to the safety of the foster child.

b. Zoning and Housing Requirements
Foster homes shall meet zoning and housing requirements and/or codes as set by the public safety department for individual family dwellings.

c. Effective portrayal of challenges and satisfactions.

d. Open telephones manned by trained volunteers, etc., during publicity campaigns.

e. Interviews or group meetings with possible applicants within one week.

f. Study-evaluation process to begin within ten working days after application received.

g. Report back to the community on the results.

C. *Study-Evaluation Process*

1. The necessary findings of the study-evaluation process shall include special consideration regarding greater skill in determining applicant's ability to nurture and cope with foster children with special and unusually intensive problems.
2. A concluding summary shall detail all significant information to be used in making differential placement decisions.
3. The study shall be dictated and selection made within five working days after study, unless case considerations indicate otherwise.

D. *Selection-Employment Process*

1. A career ladder with salary ranges shall be developed based on foster parent(s)' length of service, training, and type of child which they serve, and shall include—

   a. Beginning foster parent(s), Level I
   b. Experienced foster parent(s), Levels II and III.
   c. Specialized foster parent(s), Levels II and III.

2. The selection-employment process shall establish procedures for notification in writing of acceptance or nonacceptance, including reasons, within five working days after study.

E. *Periodic Reevaluation*

The foster family shall be involved in periodic reevaluation of the relationship between the Agency and foster parent(s) within six months after placement of the child and annually thereafter. Reevaluation shall include—

1. Assessment of Agency's and foster parent(s)' experiences in developing and maximizing the family's ability to meet the child's needs and in helping reach the objectives set for the natural parent(s) and child.
2. Written evaluations signed by the Agency rep-

c. Standard of Living
Physical standards for the foster home shall be set according to individual living standards for the community in which the foster home is located; these standards shall be sufficient to assure a degree of comfort which will provide for the well-being of the family.

d. Comfort and Privacy

(1) It is preferable for no more than 2 children to share sleeping rooms.

(2) The sharing of sleeping rooms by children of opposite sexes is undesirable, especially for foster children who may be experiencing difficulties in the development of their sexual identities, attitudes, and behavior.

(3) Children, other than infants and during emergencies (illness), shall not share sleeping quarters with adults in the household.

(4) Individual space shall be provided for the child's personal possessions.

(5) In all instances when exceptions are necessary, these shall be for children under two years of age or when special cultural, ethnic, or socioeconomic circumstances create a situation in which such exceptions will not be to the detriment of the child.

e. Play Space
Adequate indoor and outdoor space for play activities shall be provided.

f. Location
Foster family homes shall be accessible to schools, recreation, churches, other community facilities, and special resources (such as medical clinics) as needed.

g. If the foster family has the personal characteristics that are needed, but the physical facilities are inadequate, it shall be provided with all available assistance in meeting the above requirements, standards, and/or codes.

4. Family Composition

a. Two parents shall be selected in most cases; however, single parents shall be selected when they can more effectively fulfill the needs of a particular child.

b. Other children (either own or foster) and other adults (i.e., grandparents, aunts, etc., or unrelated persons) shall be taken into con-

resentative and the foster parent(s), with space provided for comments by the foster parent(s) and a copy given to foster parent(s) and included in the record.

F. *Salary Schedule*

A salary schedule with fringe benefits adjusted to state variation shall be available to all foster parents.

G. *Payments for Costs*

The Agency shall make provision for payments to cover all of the child's living costs, except for permanent foster families who have not requested payment (see pages 52 and 53). Payments shall include—

1. Cost of housing (rent, purchase, additions) to enable foster families to care for foster children, especially in areas where suitable foster families are needed but not available.
2. Costs of special services and equipment needed by the foster child.
3. Costs of liability insurance and legal defense for foster families when civil or criminal suit has been instituted (by persons other than the Agency) which questions their practices as foster parent(s).

H. *Ongoing Sequential Group Education*

The Agency shall provide a minimum of 12 hours training within the first 6 months of initial placement, unless rural or remote areas make this time limit unrealistic. As an alternative, ongoing sequential learning can be conducted via other training components, i.e., televised educational programs, etc. A minimum of 24 hours sequential learning opportunities shall be available and required on an annual basis. The Agency shall provide a full-time staff development specialist to plan and coordinate the education programs in conjunction with the educational advisory committee. The committee shall review current education planning, propose possible program ideas, and evaluate the usefulness of existing and future programs.

I. *Supervision and Agency Support*

Supervision of foster parent(s) shall include—

1. Availability of social service staff on a 24-hour basis.
2. Conferences with foster parent(s) to develop

sideration in terms of how they might be affected by or have an effect upon another child.

c. The number and ages of children in a home (both own and foster) shall be considered on an individual basis, taking into account the foster parent(s)' ability to meet the needs of all children present in the home, physical accommodations of the home, and especially the effect which an additional child would have on the family as a unit. It is preferable that—

(1) Foster parent(s) shall care for one and not more than two infants (under two), including the foster parent(s)' own children.

(2) Foster families shall not have more than a total of six children, including foster children and foster parent(s)' own children, in the foster home. Exceptions shall be made in order to keep siblings together.

(3) The age range of the children in a foster home shall be similar to that in a "normal" family in order to lessen competition and comparisons.

(4) All placement situations shall consider the effect of having some children in the foster home whose parent(s) visit them and other children whose parent(s) do not.

(5) A foster home shall not provide placements for more than one agency at a time without a written agreement delineating the responsibilities of all parties involved.

5. Personal Characteristics

Prospective foster parent(s) shall possess personal qualities of maturity, stability, flexibility, ability to cope with stress, capacity to give and receive love, and good moral character. Such characteristics are reflected in the following:

a. Psychosocial history, including significant childhood relationships and experiences (parent-child, sibling, or other relationships).

b. Role identification and acceptance.

c. Reactions to experiences of separation and loss (through death, desertion, etc.).

d. Education, employment, and patterns of interpersonal relationships.

e. General social, intellectual, and cultural level of the family.

f. Level of everyday functioning—

(1) Home and money management ability.

in-depth planning regarding family visits, future objectives, the handling of problems, use of resources, and termination of placement.

J. *Contracts*

The Agency shall establish and review periodically policies and procedures as well as payment scales to be utilized when foster parent(s) are on contract basis with the Agency.

K. *Foster Parent Associations*

(See page 13.)

(2) Daily routine and habits.

(3) Reactions to stress.

g. Affect responses (ability to give and receive love, deal with loss, separation, and disappointment, etc.).

h. Moral, ethical, and spiritual qualities of the family.

i. Religious affiliation and habits.

j. Hobbies, special interests, skills, and talents.

6. Foster Parenting Abilities

An assessment of prospective foster parent(s)' parenting ability regarding a specific child shall take into account the following:

a. Motivation for application at this time.

b. Characteristics and number of children best suited to foster family.

c. Existing family relationships, attitudes, and expectations regarding own children and parent-child relationships, especially where such existing attitudes and relationships might affect the foster child.

d. Attitudes of significant members of the extended family regarding child placement.

e. Ability to accept and love child as he/she is.

f. Capacity to absorb the child into family life functioning without undue disruption.

g. Capacity of parent(s) to provide for foster child's needs while giving proper consideration to own children.

h. Own children's attitudes toward accepting foster child.

i. Realistic assessment of positive and negative aspects of foster parenthood.

j. Personal characteristics necessary to provide continuity of care throughout child's need for placement.

k. Flexibility to meet changing needs over the course of placement.

l. Ability to accept child's relationship with own parent(s).

m. Ability to relate to neglecting and abusing natural parent(s).

n. Special ability to care for children with special needs (physical handicaps, emotional disturbances, etc.).

o. Areas in which ongoing social work counseling may be needed.

p. Ability to help a child return home or be placed for adoption and gain satisfaction from the experience.

7. Ability to Work with Agency

The ability of foster parent(s) to work constructively with the Agency as reflected in the following:

- a. Attitudes toward external authority figures and institutions which are likely to affect foster parent(s)' relationship with Agency.
- b. Ability to—
  - (1) Work constructively within Agency framework and with direct service social worker in developing plans and meeting the needs of the child and his/her family.
  - (2) Accept consultation.
  - (3) Use staff development opportunities effectively.
  - (4) Work with Agency in placement, return to natural family, adoption, or replacement process.
  - (5) Maintain confidentiality regarding children and natural parent(s).
  - (6) Keep records regarding foster child re behavior, social needs, school, family visits, etc.

C. *Recruitment*

A realistic and challenging year-round recruitment effort shall be maintained to develop foster family homes which will appropriately provide for each child's needs.

1. Recruitment program shall be based on—

- a. Agency's regularly assessed need.
- b. Characteristics of children needing placement.
- c. Geographic distribution of unmet needs (rural, urban, suburban).
- d. New information based on validated research and practice.
- e. Socioeconomic changes.
- f. Evaluation by public relations, social service, and foster parent staff of effectiveness as demonstrated by approval rate.

2. Publicity

The recruitment program shall utilize at least some of the following:

- a. Public communication media (newspaper, TV, and radio).

b. Brochures and pamphlets.
c. Speeches.
d. Posters.
e. Meetings, including recognition events, etc.
f. Neighborhood one-to-one contacts by foster parents and others.
g. Utilization of trained foster parent(s) and volunteers in recruitment and screening of applicants.

3. Content

Recruitment program shall realistically delineate the foster family abilities needed for —

a. Adolescents.
b. Infants available for adoption.
c. Sibling groups.
d. Children with physical disabilities.
e. Mentally retarded children.
f. Emotionally deprived and disturbed children.
g. Other identifiable groups in need of services.

4. Screening

Upon initial contact a screening shall be made by the Agency on an individual basis or in group meetings to help applicant and Agency determine possible eligibility in terms of Agency requirements as outlined on page 43 to 48. Decisions to continue the study shall be made within 15 working days, in order to avoid unnecessary emotional involvement and expenditure of time.

5. Follow-up

The Agency shall establish a policy of immediate follow-up to community response to recruitment effort (preferably within 30 days).

D. *Study-Evaluation Process*

A study-evaluation process shall be initiated to determine the suitability of a home for foster family service and the type of children the foster family can best serve.

1. Purpose

The purpose of the study-evaluation process is to determine if a home—

a. Meets the basic requirements of the Agency.
b. Is capable of providing for the needs of children who may be placed in their care.
c. Is capable of relating to natural parent(s) in

a helpful way and assisting the foster child in his/her relationship with them.

d. Is capable of working as a team with social services staff to reach the outcome established in the diagnostic conference.

2. Methods and Procedures

a. Agency and applicants shall share relevant information so that foster parent(s) may decide whether they are prepared to serve as foster parent(s) and the Agency can evaluate the suitability of particular foster parent(s) applicants.

b. The Agency is responsible for making the final decision regarding acceptance and placement.

c. The study-evaluation process shall include—

(1) Planned interviews between a direct service social worker and the prospective foster parent(s), which may include group discussions.

(2) Evaluation of physical facilities.

(3) Written documentation, including family health records, social workers' evaluation of interviews, and workers' plans for supervision of foster parent(s).

(4) References provided by the applicants to supplement information obtained through interviews and observations regarding foster family.

d. Time Limitation

(1) The average period for completing a study-evaluation process shall be 30 working days after initial inquiry.

(2) The average interval for dictating a study after a study has been completed and the family informed of the decision shall be 10 working days.

e. Selection-Employment Process

A selection-employment process shall be established which formalizes acceptance or nonacceptance for service or employment. The final decision shall be communicated through a personal conference with the prospective foster parent(s). The record shall include—

(1) Application.

(2) Other forms (health, reference, etc.).

(3) Summary and evaluation of interviews.

(4) Summary and evaluation of conferences and decision.

(5) Statement regarding basis for acceptance or nonacceptance for service.

(6) A contract or agreement, signed by the Agency and foster parent(s), which details the working relationships, financial plans, and rights and responsibilities of each; this shall be revised and changes made as indicated.

(7) License or certification of approval which meets the necessary licensing requirements of the state and/or Agency.

3. Content of Study-Evaluation

a. Agency Responsibilities

(1) Evaluating foster parent(s) based on guidelines described on pages 43 and 48.

(2) Furnishing prospective foster parent(s) with forthright information regarding—

(a) goals and objectives of foster family services program.

(b) purpose and method of study-evaluation.

(c) special characteristics of foster family service, including—

i. natural parent(s)' problems necessitating placement.

ii. varying lengths of time children may need placement.

iii. problems which children experience as a result of placement, i.e., separation, anxiety, anticipated reactions regarding relationship with own family, newness to school and community, etc.

iv. discussion of child's medical, psychological, school, etc., records, and diagnostic evaluation of child before placement.

v. the importance of continuity in providing for the needs of the child.

(d) relationship of Agency to foster parent(s) and children, including—

i. functions and responsibility of direct service social worker for service to children and their families.

ii. functions and responsibility of foster family in relations to the social worker, natural parent(s), and child.

iii. discussion of Agency policies and procedures.

iv. discussion of status of individual foster parent(s), i.e., salaried, nonsalaried, or contract (see pages 38–40) and expectations for services provided.

(e) legal ramifications of foster family service, including—

i. distinction between foster family services and adoption.

ii. legal responsibility of Agency for children and their families.

iii. discussion of different types of custody (court or voluntary agreement).

iv. discussion of legal liability of foster parent(s) for property damage, personal injury, and medical care.

b. Foster Parent(s)' Responsibilities

(1) Foster parents shall provide the Agency with information concerning—

(a) past life experiences and patterns of relationships.

(b) motivation and experiences regarding foster family service.

(c) present level of family functioning, both in terms of individual members and family as a unit.

(2) Foster parent(s) shall carefully consider—

(a) the type of child they feel they are most qualified to help.

(b) how they can relate to the natural parent(s).

(c) the child's feelings about natural parent(s).

(d) their working relationship with the Agency.

E. *Development and Retention*

1. Reimbursement for Child's Maintenance

a. The Agency shall reimburse the foster families for maintaining the child based on standard costs formulated from the most accurate data available, such as Consumer Price Index as adjusted to take into consideration special state variations.

b. Reimbursement shall be appropriate to age and special problems of the child.

c. Reimbursement shall cover—

(1) Food (including school lunches and special diet when indicated).

(2) Clothing (initial and at regular intervals).

(3) Allowance and other personal incidentals needed to promote good money management habits.

(4) Medical, psychiatric, psychological, dental, orthodontic, and optical expenses, when not provided through Medicaid, use of other departments, etc.

(5) School supplies.

(6) Recreation and talent needs.

(7) Travel expenses, e.g., medical care, etc.

d. The Agency and a representative group of foster parents shall meet jointly to review and recommend changes in the payment policies and procedures at least once a year.

2. Ongoing Sequential Group Education

a. The Agency shall provide orientation and ongoing sequential group education for foster parents under the direction of a staff development specialist, beginning with a minimum of 6 hours within 90 days of initial selection for service.

b. The Agency shall maintain a report on educational meetings with attendance recorded.

c. Foster parents shall receive certificates which recognize their participation in education programs.

d. An advisory committee composed of foster parents, social workers, and staff development specialist shall meet regularly to review and revise ongoing education programs.

e. The Agency shall use foster parent(s) to lead discussions as appropriate.

f. Participation in programs shall be considered optional, and nonparticipation will be a subject for discussion in the reevaluation process.

g. The meeting time and place shall be convenient for foster parents.

h. Transportation and baby-sitting costs shall be provided to increase participation in the programs.

3. Supervision and Agency Support

a. The Agency shall provide for competent social work supervision and support for the foster family based on—

(1) A joint assessment of the individual family situation, including strengths and weaknesses.

(2) The child or children in placement.

(3) The natural parent(s) or family.

(4) Presenting problems.

(5) The time-limited objectives for the foster child and family.

b. Intensive supervision and support for foster parent(s) shall be provided at least during the first 3 months following placement of a new child in the home in order to develop a productive working relationship and enhance the life of the child, with contact thereafter based on need (i.e., once a week, once a month) but not less than every 6 months.

c. The foster family record shall include—

(1) A report on the child's adjustment.

(2) An evaluation of the foster family's relationship with the child and the natural parent(s), with dates and summary of conferences with the foster family.

(3) Copies of foster parent(s)' reports of child's progress or lack thereof.

(4) Reports on other professional services and community resources utilized.

(5) Decisions agreed upon as to foster parent(s)' responsibility for treatment plans and goals.

(6) Periodic evaluation of family's fostering abilities, quality of team work, and reasons for continuing service.

d. The foster family shall be informed of the child's availability for adoption as soon as it is known, and when it is in the best interest of the child, they shall be offered assistance in deciding whether to apply to adopt.

e. Agency Responsibility for Supervision

The Agency shall have an obligation to ascertain whether the child's physical and emotional needs are being met, to offer support and assistance in problematic situations, to secure necessary resources, and to evaluate future needs for planning purposes.

f. Foster Family's Role in the Supervisory Process

The foster family has an obligation to prepare for and participate in supervisory conferences; it is recommended that the foster parent(s) be encouraged to keep notes which will form a basis for discussion.

g. Conferences

Conferences shall include discussions of the child's adjustment in the family, consisting of—

(1) The foster family's opinion and feelings about the child.

(2) The foster family's success or difficulties in coping with problems related to foster care.

(3) Plan for the future.

(4) Visiting between natural parent(s) and/or family members and the child.

(5) The child's feelings about the foster family, natural parent(s), direct services social worker and placement.

(6) The child's adjustment in other areas such as school, neighborhood, peer groups, etc.

(7) The use of community resources, especially school, health, and recreational facilities.

(8) Foster family's and child's reaction to treatment for emotional and medical problems, etc.

4. Termination of Child's Placement

The Agency shall establish policies and procedures for discontinuing placement. All individuals, the child, natural parent(s) (refer to page 73), and foster parent(s) shall receive help in preparation for termination, especially regarding feelings of separation and grief.

a. Termination by Foster Family

(1) When the foster family decides to ask that the child be moved, it shall give a minimum of two weeks notice and preferably one month, and shall participate fully in the planning of steps for removal of the foster child from the foster home.

(2) Other considerations shall include—

(a) exploration and evaluation of request.

(b) exploration of desirable alternative to termination.

(c) explanation to all individuals as to reasons for termination.

b. Termination of Placement by the Agency

The Agency shall—

(1) Discuss reasons for child's removal and future plans for him/her.

(2) Give foster family as much time as possible to prepare for move.

(3) Plan with foster family for future use of home.

c. Termination of Service of Foster Parent(s)

The Agency procedures for termination shall include the following:

(1) Compiling and reviewing the reason for this action.

(2) A joint conference of involved Agency representatives to determine the final decision on terminating a foster home.

(3) A conference in which the foster family participates.

(4) Notification of the foster family in writing regarding the closing of their home, the reasons for this action, and their rights to further discussion or appeal of the decision. (Refer to page 39.)

d. Foster Home Not in Service

When a foster home has been licensed and accepted but no placement has been made for a six-month period, a review shall be completed to determine whether the home shall continue to be a possible resource for placement.

F. Recruitment, Development and Retention of Minority Groups and Specialized Foster Family Homes

1. Specific to Minority Groups

Special efforts shall be made to recruit foster family homes in minority groups in proportion to minority children needing service. These efforts shall include—

a. Outreach activities to potential minority foster parent(s) to serve for minority children, including use of active minority foster parent(s) for interviews, etc.

b. Unusual help and support with improving housing, etc. for applicants who are otherwise suitable as foster parent(s).

c. Unusual help and support in assisting minority foster parent(s) to meet licensing standards.

d. Implementation of methods to assure that minority foster parent(s) receive the same consideration as other foster parent(s).

e. Prompt follow-up of responses to recruitment efforts directed toward minority groups.

2. Specialized Foster Family Homes

Special efforts shall be made to recruit foster family homes for children with special problems. These efforts shall include—

a. Outreach activities for potential foster parents who have qualifications which would enable them to provide specialized foster family service.

b. Sensitivity on the part of intake and study-evaluation workers to applicants who seem to possess the qualities which would allow them to accept and provide for children with special needs.

c. Unusual help and support to assist foster parents who may be potential specialized foster parent(s) to meet Agency requirements.

d. Prompt follow-up responses to "special needs" recruitment efforts.

e. Prompt completion of study-evaluation process for potential specialized foster family applicants when the Agency is in need of these homes for placement.

XVII. VOLUNTEER SERVICES

BASIC STANDARD

The Responsible State Agency shall provide for the use of volunteers through a structured volunteer program to assist in the provision of Agency services.

GUIDELINES FOR IMPLEMENTATION

A. The Agency shall designate a qualified staff member to supervise volunteers.

B. A recruitment program shall be instituted to secure volunteers in all areas where they can add to the Agency's services.

C. The Agency volunteer program shall include—

1. Orientation to Agency policies and procedures.
2. Provision of necessary office space, equipment, and materials needed for volunteers to complete assigned tasks.
3. Reimbursement of costs incurred by volunteers.
4. Guide materials relating to requirements and description of tasks.
5. Identification cards, etc., when and where appropriate.

D. An application interview shall be conducted to determine volunteers' skills and interests.

E. Tasks shall be assigned as appropriate to volunteers' interests and abilities.

F. The *confidential* nature of information about individuals shall be stressed with volunteers. Breach of confidentiality shall be cause for termination of volunteer status.

G. A questionnaire (or other device) shall be answered by staff and volunteers each year regarding the Agency volunteer program to determine benefits, results and needed improvements.

H. Volunteer programs shall be reviewed every five years.

GOAL STANDARD

The Responsible State Agency shall assure the implementation of an identifiable volunteer program with special staff for the selection, development, and retention of qualified volunteers in all categories to assist in all aspects of Agency services.

GUIDELINES FOR IMPLEMENTATION

A. The Agency shall provide a full-time director and the necessary staff to administer, coordinate, and supervise the volunteer program.

B. A formal application for all volunteers to complete and sign shall be available (when appropriate).

C. A written agreement as to the length and type of service, hours, work plan, etc., shall be developed between the Agency and each volunteer.

D. An in-service training program shall be provided, when appropriate.

E. An advisory committee or subcommittee including staff, volunteers, consumers of service, and citizens shall be designated to work with the director of volunteer services.

F. Volunteers shall be used for public relations, information, and education, in addition to other activities.

XVIII. PREVENTION OF SEPARATION AND DEVELOPMENT OF ALTERNATIVES TO PLACEMENT

BASIC STANDARD

The Responsible State Agency shall begin the development and implementation of a program for early identification of children who may require foster family services to prevent unnecessary separation of children from their families.

GUIDELINES FOR IMPLEMENTATION

A. The Agency shall provide consultation and intake services when—

1. A referring agency or organization suspects a child is at risk and placement may be required.
2. The child is without parental care and protection and no arrangement for care can be worked out with relatives (or on an emergency basis with neighbors).
3. The child may suffer serious or permanent damage if not placed immediately.
4. Parent, guardian, or child voluntarily requests placement.

B. The Agency shall provide or cooperate with other agencies in order to secure for families the following services:

1. Family social work and counseling service.
2. Public assistance.
3. Employment services, job training, and education.
4. Housing services.
5. Homemaker services.
6. Medical services.
7. Protective services.
8. Day care.
9. Other services related to need.

C. The Agency shall give priority to developing a comprehensive emergency service consisting of—

1. 24-hour social work services, 7 days a week.
2. Emergency caretakers.
3. Emergency foster family homes, group homes, or shelter for placement, when necessary.
4. Emergency shelter arrangements for the entire family.
5. Immediate outreach services.

D. The Agency shall initiate a study of the immediate and long-term needs of the child and his parent(s) within 72 hours (3 days) of initial referral or contact, to include—

GOAL STANDARD

The Responsible State Agency shall develop additional services to prevent separation and implement a program for 24-hour comprehensive emergency services for the child and his family.

GUIDELINES FOR IMPLEMENTATION

A. *Preventive Programs to Preserve Family Life*

The Agency shall assist in the development of and actively participate in programs designed to preserve family life and prevent family breakdown by such means as—

1. Family life education.
2. Parent effectiveness training.
3. Programs directed toward improvement of economic and social conditions adversely affecting children and the security of family life.
4. Programs which provide necessary services in the community, which strengthen the family or provide help with problems of family life.
5. Other social and economic programs designed to alleviate conditions which may result in family breakdown and placement of children.

B. The Agency shall develop written agreements for referrals with all agencies and organizations which are likely to know of situations which might result in a child care emergency.

C. The Agency shall implement programs which provide for—

1. Shelter for parents and children together on a 24-hour-a-day basis.
2. An answering service and casework emergency services on a 24-hour-a-day basis to review immediately a situation and meet individual needs of the child.
3. Trained emergency caretakers available to care for the child in his own home, when appropriate.
4. Intensive recruitment programs for foster families in neighborhoods from which most emergency or crisis reports are received.
5. A sufficient number of trained emergency neighborhood foster families to meet needs.
6. Specialized emergency care homes for the older child who has left home and is seeking emergency service.
7. Placement of children classified as abused, ne-

XVIII. PREVENTION OF SEPARATION AND DEVELOPMENT OF ALTERNATIVES TO PLACEMENT (Continued)

1. Use of intensive social work services, protective services, and/or protective supervision under court order.
2. Consideration and use of an alternative, i.e., placement with relatives, care by neighbors, day care, homemaker services, medical care or supervision, etc.
3. The child's legal status and situation.
4. The parent(s)' strengths, limitations, situation, and goals.

E. The Agency shall develop a time-limited objective in the child's best interest.

glected, dependent, or status offenders (juveniles who have committed crimes for which adults are not punishable, i.e., truancy, running away, etc.) in foster family homes, group homes, or attention homes, rather than in detention facilities.

8. Outreach social services for the parents and children in crisis, initiated within 24 hours.
9. Legal counsel secured by the Agency for the child and his family.
10. Drop-in, part-time care for children in neighborhoods where most crises originate.
11. Outpatient care (psychiatric and psychological) for severely disturbed children who can remain at home if given such support.

XIX. DIFFERENTIAL DIAGNOSTIC DECISION AND SERVICE PLANNING

BASIC STANDARD

The Responsible State Agency shall provide in both voluntary and involuntary (i.e., court commitment) placement procedures for the involvement of parent(s) and children in differential diagnostic evaluation, in weighing alternative treatment plans, and in agreeing to or acknowledging the plan selected.

GUIDELINES FOR IMPLEMENTATION

A. Parent(s) and child, when applicable, shall be provided with information, verbal and written if possible, describing Agency services, policies, and procedures.

B. Agency shall obtain relevant information regarding parent(s) and children in order to understand the family's problems and reach a joint decision regarding services needed.

1. Parent(s) shall be encouraged to express their own ideas and views regarding presenting problems as well as recommendations regarding services or referral to another community resource.
2. The parent(s) and child shall be the primary source of information. If other sources of information are deemed necessary, they shall be used with the consent of parent(s) when feasible, except in some protective services cases.
3. Significant information to be gathered may include information from—
   a. Family members outside of immediate family
   b. Teachers and other school personnel
   c. Other social agencies, courts, and health agencies
   d. Consultants in other professional fields

C. Whether placement is agreed upon or required by court, a determination shall be made as to the type of services best suited to the needs of the child and his family, such as foster family, group home, or institution. Decision as to whether placement is necessary (unless involuntary commitment) and type of service plan shall be based on an assessment of the following:

1. Parent(s)' strengths and weaknesses with regard to care of child, and prospect for achieving or restoring adequate parental functioning.
2. Predisposing circumstances which have created need for intervention.

GOAL STANDARD

The Responsible State Agency shall ensure immediate development of the differential diagnostic evaluation and the initial service plan by priority utilization of staff with the highest qualifications.

GUIDELINES FOR IMPLEMENTATION

Involuntary and Voluntary Placement Services

A. Agency shall develop and implement a program which ensures that staff with the highest qualifications and skills are utilized in development of the initial service plan with the parent(s) and child.

B. Social services shall be instituted with parent(s) and child within 24 hours of notification, referral, or application.

C. Consultant resources shall be available to participate in the development of the differential diagnostic evaluation.

3. Physical, intellectual, social, and emotional development level of the child; functioning at home, in school, and other life situations; relationships with parent(s) and family members; special needs and problems.
4. Social history of family members, including emotional functioning, family relationships, work, and community relationships.
5. Attitude of parent(s) and child toward placement and possible effects on each family member.
6. Parent(s)' ability to release the child sufficiently so that child can benefit from selected type of placement (i.e., foster family).
7. Child's potential ability to cope with the experience of separation and benefit from living with another family.
8. Interest of other relatives in maintaining relationship with child or offering placement alternative.
9. Characteristics of foster family best suited to meet the needs of the child and his family.

D. A contract shall be developed through involvement of parent(s) which includes goals to be achieved, steps to be taken by parent(s), child, Agency, and others (by agreed-upon dates).

E. Whenever possible, parent(s) shall sign an agreement with the Agency entrusting the child to the Agency for placement. The expected outcome and length of placement shall be indicated in this agreement and parent(s) shall retain a copy of the agreement.

F. Parent(s) may sign legal relinquishment for adoption.

G. A plan shall be developed with parent(s) for continuing social service assistance and for payment for the child's care and services according to parent(s)' ability.

1. Regular visits and/or contacts with the child shall be agreed upon immediately or as soon as possible.
2. When indicated, parent(s) shall be referred to other agencies for services, i.e., financial assistance, family counseling, or psychiatric treatment. Assistance shall be given in arranging referral, and the Agency shall follow up to ascertain progress in serving family.

H. *Specific to Court Commitments*

In involuntary situations, in addition to the aforementioned items,

1. The social worker shall review the nature of the complaint and verify it with all parties, including the parent(s).
2. In the initial contact with parent(s), the Agency shall—
   a. Explain the parent(s)' legal rights and responsibilities, including the right to the prompt provision of legal counsel.
   b. Explain the Agency's responsibility to help parent(s) and the ways in which the Agency and parent(s) work together.
3. When the Agency is the petitioner, it shall prepare and present adequate testimony in court, which it shall when possible have reviewed with the parent(s) previously. If not possible, the court and counsel shall be provided with a written explanation.
4. The parent(s) shall be given a copy of case plans and expectations, which they may or may not have agreed to and signed, when it will contribute constructively to the relationship.
5. Parent(s) shall be given a copy of the court order.

XX. SERVICES TO PARENTS AND CHILDREN: PREPLACEMENT, PLACEMENT, AND POSTPLACEMENT

BASIC STANDARD

The Responsible State Agency shall provide, purchase, or otherwise make available to parent(s) and children the services agreed upon in the diagnostic plan for resolving in a reasonable time the child's temporary placement status and family disruption.

GUIDELINES FOR IMPLEMENTATION

A. *Specific to Military Reservations*

The Agency shall ensure the provision of services to children and their families in need of services in situations where the families reside on military reservations which do not provide social services themselves.

B. Differential placement planning and services for and with parent(s) and children shall consider—

1. Placement alternatives such as foster families, group homes, treatment in institutions, or relinquishment and placement for adoption.
2. Special qualities required in the foster family to meet the child's needs.
3. The specific resources of foster family selected.

C. Parent(s) shall be given intensive help toward establishing or reestablishing a better home life with the child within a reasonable time limit through support and assistance, as detailed on pages 61 and 62.

D. The Agency shall make full use of comprehensive emergency services available through Agency or community as described in Basic Standard XVIII (page 61).

E. Short- and long-range objectives and interim steps shall be established and agreed to in writing, with copies given parent(s) and child (when appropriate).

F. Parent(s), both in court and voluntary placement (emergency or otherwise), shall be given information concerning the placement process as soon as possible and helped to participate as fully as possible, unless there is a real and definite contraindication.

G. *Placement Agreement* (See pages 63–65.)

A placement agreement in court cases (whenever agreement can be reached) shall be developed and

GOAL STANDARD

The Responsible State Agency shall ensure that the preplacement, placement, and postplacement processes are effective in establishing a suitable permanent plan, helping parent(s) and children master the separation and placement experiences, developing in the child a realistic conviction of his own worth, and making it possible for him to reach his potential.

GUIDELINES FOR IMPLEMENTATION

A. *Services*

1. The Agency shall provide intensive help toward the objectives (by priority) of returning the child to his own family, placement for adoption, or permanent foster family agreement within the time limits set in the diagnostic conference.
2. The Agency shall establish agency goals by percentages, taking into consideration the character of the children and families coming into care.
3. The Agency shall monitor its services to determine whether it is meeting these goals.
4. The Agency shall revise its policies and procedures to effect successful outcomes.
5. Methods of helping shall include—
   a. Identification and use of parental strengths to improve parent(s)' life style and parenting abilities.
   b. Group and individual treatment services for parent(s) and children.
   c. Regular diagnostic and planning conferences of worker, consultants, parent(s), child (depending on age and ability to participate), and foster family no less often than at 6-month intervals.

B. *Services for Termination and Postplacement*

1. The Agency shall assure that the same careful processes as were followed in preplacement are applied when the child returns home, is adopted, is referred to an alternate resource, or reaches majority.
2. A foster family follow-up specialist shall be given responsibility for coordinating and evaluating postplacement services.
3. The Agency services shall place special emphasis on postplacement services to parent(s) and the child, including follow-up regarding the relationship with the former foster family.

signed by the Agency, the natural parent(s), and the children (when old enough)—

1. At the initiation of placement proceedings.
2. As major changes occur.
3. At the end of time limits and intervals of no more than 6 months.

All revisions of the service agreement shall be made in writing. The financial responsibility of the natural parent(s) shall be detailed in writing using established fee schedules. The placement agreement shall include visiting plans which have been worked out with parent(s) and the foster parent(s) by the social worker.

H. *Selection of Foster Home for Individual Child*

1. The selection of a home which will best meet the needs of the child and his or her family shall be based on—
   a. The extent to which interests, strengths, abilities, and needs of the foster family enable them to relate to the child's age; interests; intelligence; moral, ethical and spiritual development; cultural background; parental relationship; educational status; social adjustment; individual problems; and plans for his or her future care.
   b. Personal appeal of the child to the foster family.
   c. Personal appeal of the foster family to the child.
   d. Capacity of the foster parent(s) to deal adequately and comfortably with problems which might arise during placement, especially as they relate to parent(s) visiting and the child's relationship with own parent(s).
   e. The extent to which foster family may contribute to positive development of the child and alleviate specific problems which the child has developed through past experiences.
   f. The extent to which foster family may participate in the positive development of natural parent(s), as planned with social service staff.
   g. The foster family's interest in subsidized adoption or permanent foster family care for a child who needs such care.
   h. Proximity of foster home to specialized

4. Intensive help shall be provided for parent(s) in relinquishing the child for adoption or agreeing to foster family services.
5. Aftercare closure, with child and/or natural family's permission, shall provide for a written review to be made within 6 months to 1 year for the purpose of planning Agency services.

school or training which foster child may need (e.g., hearing or learning difficulties, etc.).

2. In order to assist the foster family in making an informed decision regarding their desire to accept a particular child, anticipate problems, and meet the needs of the child and his or her parent(s) in a constructive manner, the foster parent(s) shall be provided with the following information:
   a. Child's health and immunization record, etc.
   b. Problems and general behavior of the child.
   c. Child's likes and dislikes, interests, and potential.
   d. Circumstances which necessitated placement.
   e. Important life experiences which may affect child's adjustment.
   f. Anticipated difficulties and positives presented by child's relationship with own parent(s).
   g. Established objective for child and own family and time limits for reaching the objective.

I. *Preplacement*

1. The preplacement process shall be used to provide support to parent(s) and children, to soften the shock of separation, and to help with the adjustment to new people and a new environment. Whenever preplacement visiting is not possible because emergency placement precludes preparation, special effort shall be made to help child with his adjustment.
2. Services for the Child, When Indicated
   a. Preplacement visits and time of placement adjusted to individual child's ability to accept and understand new situations.
   b. Medical examination by qualified specialist (pediatrician, etc.) based on health history and record of immunizations.
   c. Psychological testing, counseling, and treatment.
   d. Psychiatric examination and treatment.
   e. Planned visits between parent(s) and child with emphasis on importance to child.
   f. Life book which includes significant names, dates, pictures, etc., that the child can take with him when he leaves.

3. Services for the Parent(s)

   a. Encouragement and assistance to the parent(s) to take as much responsibility as possible for constructive planning and implementation of placement plan, including a review of information discussed in placement consideration interviews, i.e., legal rights, Agency policies, etc.

   b. Participation in the selection of foster family and preplacement visit to foster family, when this can be handled in a constructive manner.

   c. Rediscussion of medical releases and care of child delegated to Agency, and completion of written consent from parent(s) for medical care and hospitalization.

   d. Rediscussion of the parent(s)' concern about the foster parent(s)' religious affiliation and the selection of a foster home within the broad religious preference of the parent when such a foster home is available.

   e. Planning visits between parent(s) and child with emphasis on importance of reaching the objectives set for the family.

4. Discussions shall be held with the child alone and with parent(s) regarding feelings toward preplacement visit and plans for placement.

J. *Placement*

Services during placement shall provide support and development assistance to the natural parent(s) and the child.

1. Services to natural parent(s) during placement shall enhance parental function through—

   a. Recognition of parent(s)' feelings regarding separation, guilt, conflict aroused by their inability to fulfill parenting role, necessity for placement, and parent-child relationships.

   b. Helping parent(s) to develop more constructive parent-child relationships.

   c. Encouraging utilization of counseling and community resources, including referral and follow-up in areas such as—

      (1) Health, physical and mental
      (2) Jobs, home management, coping skills, etc.
      (3) Marital conflicts
      (4) Parent-child relationships
      (5) Psychological disorders
      (6) Housing

XX. SERVICES TO PARENTS AND CHILDREN: PREPLACEMENT, PLACEMENT, AND POSTPLACEMENT (Continued)

- d. Helping relationship with child's foster family.
- e. Assuring open communication between social worker and parent(s), and management of relationship in best interest of all concerned.
- f. Planning for child in foster home regarding visiting, health, education, etc.
- g. Helping manage visiting so as to encourage (when it is in the child's best interest) the maintenance of parent-child relationship and promote possibility of child's return to own home within the set time limit.
- h. Maintaining placement for as long as it is in the best interest of the child and his family.
- i. Working toward child's eventual return to own home when it is in the best interest of child and family, or when not, toward relinquishment or court termination of parental rights and placement with a suitable adopted family through regular or subsidized adoption.
- j. Working toward parent(s)' acceptance of permanent foster family agreement for child who cannot constructively return home or be placed for adoption in a reasonable time.

2. Services to the child during placement shall—
   - a. Help children understand why their families placed them, accept placement situation, and adjust to foster family.
   - b. Maintain healthy relationship with own family, or, when indicated, come to understand the necessity of severing the relationship.
   - c. Offer high quality social work and other services in relation to—
     - (1) Stress situations during which the child may need special help, including loss, separation, medical care, hospitalization, social and school problems, or other unavoidable disturbing experiences.
     - (2) Child's anxiety and lack of adjustment to placement situation and foster family.
     - (3) Continuity of social worker and parent(s)' relationships.
     - (4) Presenting problems and/or maladjustment of child throughout placement.
     - (5) Identifying and preventing potentially damaging situations from developing.

XX. SERVICES TO PARENTS AND CHILDREN: PREPLACEMENT, PLACEMENT, AND POSTPLACEMENT (Continued)

(6) Planning for individual living arrangements for child.

(7) Planning for vocational or higher education for child.

(8) Peer relationships, especially during adolescence.

3. Specific Care and Treatment to Be Provided by Agency for Child

a. The Agency shall have a written procedure for handling medical emergencies, on a 24-hour, 7-day-a-week basis. Such procedures must be agreed to in writing by natural parent(s) and furnished to foster parent(s). The Agency may delegate the responsibility for medical consent in emergency situations to experienced and competent foster parent(s).

b. Health services in order to protect and promote health including—

(1) Periodic routine medical, dental, visual, and hearing examinations, as well as other preventive health measures (as indicated by physician).

(2) Appropriate medical care for ill children (available on emergency basis).

(3) Provision of special services for children with special health, eye, ear, and dental problems.

(4) Provision of special services for children who are mentally retarded, physically handicapped, or who have learning difficulties.

(5) Psychiatric services for diagnosis and treatment of emotionally disturbed children.

(6) Psychological services, including testing and projective testing administered by qualified psychologists when indicated, to help determine child's intellectual functioning and assess personality disorders and learning difficulties.

c. Special tutoring and/or education facilities for children with special needs in the area of remedial reading, speech, or hearing, using both diagnostic evaluation and individual and group treatment resources as indicated.

d. Educational opportunities in accordance with the individual needs and potentials of the child.

e. Vocational counseling and training, through Agency programs, other community programs, or by contract for children of high school age to prepare for future economic independence.

f. Religious experience which does not conflict with the broad religious preference of the child's parent(s).

g. Recreation opportunities which allow for the development of social skills and special interest and abilities, such as art, crafts, music, and sports.

h. Clothing and other personal possessions, including play and recreational equipment appropriate to age and development, to help child's self-esteem and personal sense of responsibility.

i. Allowances, based on age and ability to take responsibility, provided on a regular basis to encourage the development of skills in money management.

j. Provision of group meetings for older children and youth.

K. *Replacement of the Child*

Because replacement is a traumatic experience, the process outlined in the initial placement guidelines shall be followed with an emphasis on adequate communication between foster parent(s), worker, parent(s), and child.

L. *Termination of Foster Family Placement Services* (Refer to pages 55 and 56.)

Termination of foster family placement shall be effected when the child—

1. Is able to return to own home and services are no longer needed.
2. Is adopted.
3. Is transferred to a group home or institution.
4. Establishes a plan for independent living.

M. *Permanent Foster Family Agreement or Guardianship*

A legal guardianship or permanent foster family plan with written agreement signed by the foster family, the Agency, the child, and significant family members shall be effected in cases where the facts prove that a child cannot be returned to his family or placed for adoption within a reasonable time.

N. *Postplacement and Follow-through Services*

1. Postplacement and follow-through services shall be provided for children and families to ensure adequate adjustments until—

XX. SERVICES TO PARENTS AND CHILDREN: PREPLACEMENT, PLACEMENT, AND POSTPLACEMENT (Continued)

  a. Facts indicate that it is no longer needed.
  b. The postplacement follow-up process is terminated by the court.
  c. In voluntary placement situation, the parent(s) withdraw.

2. Parent(s) shall receive help and support in making necessary readjustment in family living patterns in postplacement just as in preplacement. This support shall include help in—
   a. Understanding and coping with child's problems in readjustment to own home.
   b. Family's adjustment to child's reentry into family.
   c. Family's continued progress in other areas, such as home management, job, etc.
3. The Agency shall continue services by agreement or transfer responsibility for such services when a child or youth moves into another situation such as—
   a. Half-way house.
   b. Group homes.
   c. Independent living arrangements.
   d. Placement with relatives.
   e. Adoption.
4. The child's preparation for termination of placement shall follow basically the same process as in preparation for placement and shall include—
   a. Discussion of the fact that the child's parent(s) have been able to make a plan for the child to return to own home.
   b. Support and assistance in working out feelings about return to own home and separation from foster family.
   c. Pretermination visits with own parent(s) prior to postplacement.
   d. Handling of gradual termination of child's relationship with the foster family with a high level of skill.
   e. Plans for visiting with foster family on an individual basis.
   f. If termination is a result of the child's coming of age and establishing independent living situation, plans for—
      (1) Living arrangements.
      (2) Employment.
      (3) Vocational training and or education.

XX. SERVICES TO PARENTS AND CHILDREN: PREPLACEMENT, PLACEMENT, AND POSTPLACEMENT (Continued)

(4) Continuing relationships with foster family and/or natural parent(s).

(5) Use of OASI and other benefits which have been conserved for the child.

5. The Agency shall be readily available to assist former foster children and their families in understanding and accepting the circumstances of their being in foster family care.
6. Manual and guide materials on postplacement services shall be developed and utilized in the postplacement process.
7. A postplacement evaluation shall be completed within 6 months after termination of placement and decision is made to discontinue or continue service, with revised time-limited objectives.

UNITED STATES DISTRICT COURT

FOR THE

EASTERN DISTRICT OF LOUISIANA

GARY W., et al.,
Plaintiffs,

v.

WILLIAM STEWART, et al.,
Defendants.

Civil Action
No. 74-2412

Section "C"

PLAINTIFFS' PROPOSED FINDINGS OF FACT

A. The Commissioner of the Louisiana Health and Human Resources Administration (HHRA) is responsible for the policies and practices of the Division of Family Services (DFS) and the Exceptional Children's Act program (ECA).

1. DFS, formerly the Department of Public Welfare, is an administrative sub-division of HHRA and derives all of its powers and responsibilities from HHRA. The director of DFS is ultimately responsible to the commissioner of HHRA and all major policy decisions made by the director must be approved by the commissioner or those acting under his direction. Facts Stipulated by Plaintiffs and Louisiana State Defendants (Stip.) 1.

2. ECA is an administrative sub-division of HHRA and derives all of its powers and responsibilities from HHRA. ECA is presently located in the Division of Management of HHRA. It was formerly located in the Division of Mental Retardation of HHRA. The Director of ECA is ultimately responsible to the commissioner of HHRA and those acting under his direction. Stip. 2.

3. The services provided by ECA are part of the contiruum of Louisiana public residential and non-residential treatment services for children with special treatment needs. Deposition of Otto P. Estes, December 15, 1975 (Estes Dep.), pp. 56-58.

B. Plaintiffs and the members of their class have been involuntarily placed by HHRA in distant Texas institutions.

1. Over the past five years, DFS and ECA have each placed and funded hundreds of Louisiana children in Texas institutions. Plaintiffs' Exhibit (Pl. Ex.) 123, Attachment G-1; Pl. Ex. 68, Table IV A.

2. In 1975, 181 DFS children and 410 ECA children were in Texas institutions. Stip. 14; Pl. Ex. 68, Table IV A.

3. DFS has temporary custody over all children it places outside their own homes. This includes all children adjudged to be neglected or dependent by juvenile courts, all children surrendered or abandoned into the custody of DFS, and all children whose parents have contracted for services with DFS. Pl. Ex. 138, 1972-73 Actvity Report (1972-73 A.R.), p. 11; Stip. 6.

4. In 1975, of a total number of 4701 children in the temporary custody of DFS, 4296 (91%) were adjudged dependent or neglected and ordered into DFS custody by Louisiana courts, 232

(5%) were abandoned or surrendered to DFS, and 173 (4%) were plac in DFS custody by contract with parents. Stip. 7.

5. For all children in its custody DFS has sole "parental" control of placement decisions. Stip. 8; Deposition of Charles O. Yost, Jr., December 16, 1975, 2:18 p.m. (Yost Dep. I), pp. 68, 71, 76-77.

6. A substantial number of children placed and funded by ECA in Texas institutions have been placed pursuant to court order. Pl. Ex. 61; Deposition of Herman Manual (Manual Dep.) pp. 25-27.

7. In 1975, 66 children placed and funded by ECA in Texas institutions were placed pursuant to court order, and in 1974 68 children placed and funded by ECA in Texas institutions were placed pursuant to court order. Pl. Ex. 61.

8. The parents of a substantial number of children placed and funded by ECA in Texas institutions have been required by DFS and/or the juvenile courts to accept such placements or risk the loss of custody of their children through a juvenile court proceeding. Manual Dep. pp. 29-34.

9. Because of their low incomes and their children's serious disabilities or special needs, the great majority of the parents of children placed and funded by ECA in Texas institutions are in desperate need of the services provided by ECA. They are no longer able to adequately care for and treat their children in their own homes. Manual Dep. pp. 85-86, 24; Testimony of Stella Mae Thompson; Billie Williams; Olander Cassimere.

10. The parents referred to in paragraph B(9) have no rsonal knowledge of the facilities that might provide treatment itable to their children's needs and do not have sufficient reurces to independently discover such facilities. Manual Dep., . 35, 94; Deposition of Sidney Gomez of December 15-16, 1975 omez Dep.), p. 180; Testimony of Shirley Poret; Billie William ander Cassimere; Stella Mae Thompson.

11. For the parents referred to in paragraph B(9), ECA lects the Texas facility and makes all necessary placement arngements. Manual Dep., pp. 7, 16, 35, 87-90; Gomez Dep., pp. 180 0-201, 206-207; Deposition of Jocelyn Couret (Couret Dep.), pp. 89; Deposition of Willie Mae Guillory (Guillory Dep.), pp. 31, , 49, 51; Deposition of Gertrude Broach (Broach Dep.), pp. 16- ; Testimony of Shirley Poret; Billie Williams; Olander ssimere; Stella Mae Thompson. Cf. Deposition of Israel Sidney, cember 18, 1975 (Sidney Dep.), pp. 11, 15, 74-77.

12. The parents referred to in paragraph B(9) do not ve sufficient resources to make pre-placement visits to investite the distant Texas institutions which ECA has selected for eir children, and ECA does not provide funding for such visits. nual Dep., pp. 37-38, 106; Testimony of Stella Mae Thompson; irley Poret; Olander Cassimere; Billie Williams.

13. The parents referred to in paragraph B(9) must rely t lly on ECA for information about the Texas facilities that have een selected for their children by ECA; and they often have been ed to believe that there are training programs at such facilities itable for their children when, in fact, there are no programs

at all. Broach Dep. pp. 18, 76-77; Testimony of Shirley Poret; Billie Williams.

14. The parents referred to in paragraph B(9) are informed that the Texas facility selected by ECA is the only ECA placement available for their children. Testimony of Shirley Poret; Billie Williams; Cf. Sidney Dep., pp. 74-77.

15. To be considered for an ECA placement, parents have previously had to exhaust all other publicly funded placement alternatives for their children. Gomez Dep. pp. 27, 31-32, 41; Estes Dep., p. 68.

16. The parents referred to in paragraph B(9) are pressured by ECA to accept a Texas placement, even when they strongly indicate their desire to have their children placed close to home. Manual Dep., pp. 63-65, 112; Pl. Ex. 78, 79.

17. The parents referred to in paragraph B(9) have no choice but to accept a Texas ECA placement for their child. Manual Dep., p. 24; Testimony of Billie Williams, Shirley Poret.

18. Once their children have been placed in Texas, the parents referred to in paragraph B(9) have no way of determining whether the Texas facility is providing care and treatment appropriate to their children's needs. Manual Dep., p. 111; Deposition of Dr. John Carrick (Carrick Dep.), p. 10; Guillory Dep., p. 117; Testimony of Billie Williams.

19. The parents referred to in paragraph B(9) are actively discouraged by ECA from removing their children from Texas institutions and are informed by ECA that if they do so, no other

ECA placement will be available for their children. Testimony of Billie Williams; Shirley Poret.

20. The parents referred to in paragraph B(9) have no choice but to accept the continued placement of their children in Texas institutions. Testimony of Stella Mae Thompson; Billie Williams; Olander Cassimere.

21. None of the children placed and funded by ECA in Texas institutions are given the opportunity to object to or reject their placement. Pl. Ex. 36, p. II-3; Gomez Dep., Volume I, U.S. Ex. 4; Testimony of Clifton Poret.

C. The placement of plaintiffs and the members of their class in distant Texas institutions has deprived them of the family involvement essential to their care and treatment.

1. The primary objective of residential treatment is the reintegration of children into their families (either biological or foster) and home communities. Estes Dep., pp. 100, 68; Carrick Dep., p. 52-53; Deposition of Meda Koepp (Koepp Dep.), p. 19; Testimony of Dr. Milton Senn; Dr. Melvin Lewis; Dr. Robert Coles; Dr. Dean Coddington; Pl. Ex. 40, p. 3.

2. Unless their families are involved in their treatment programs and lives, it is very difficult, if not impossible, for children in residential treatment to be reintegrated into their families and home communities. Carrick Dep., pp. 9, 51-52, 60-61; Testimony of Dr. Milton Senn; Dr. Melvin Lewis; Dr. Robert Coles; Dr. Dean Coddington.

3. To properly grow and develop, children require the continuous involvement of their families in their lives. This is no less true of children who have been placed in residential treatment. Deposition of Catherine L. Oberholtzer (Oberholtzer Dep.), p. 99; Testimony of Dr. Milton Senn; Dr. Melvin Lewis; Dr. Robert Coles; Dr. Dean Coddington.

4. The families of children placed in residential treatment in Louisiana have the opportunity to participate in their children's treatment programs and lives by frequently visiting their children and by having their children make day or overnight visits home. Koepp. Dep., pp. 68-72, 99-102, 103; Broach Dep., p. 15-16; Pl. Ex. 21, p. 5; Stip. 18.

5. The Louisiana Minimum Requirements for License of Child Caring Institutions recognize that:

> "Casework with the child and his parents beginning with the intake study and continuing throughout the period of placement is an essential part of ... institutional care."

Pl. Ex. 43, p. 9. They require a Louisiana facility to

> "maintain a continuous relationship with parents [to] help them to work out suitable plans for [the child's] return to the home."

Pl. Ex. 43, p. 10. They further provide that:

> "A child has a right to know his family and his own position in it, to maintain contact with its members, and to keep intact the family image and his identity with it, insofar as circumstances permit and are not harmful to him.
> a. A child shall not be denied opportunities to visit with parents unless such visits have been limited by court action. When the parents do not initiate contact, it is the responsibility of the institution to do so.

> h. The institution shall provide and encourage reasonable opportunity for the child to maintain contact with family members and near relatives and other individuals legitimiately concerned with the child's welfare."

Pl. Ex. 43., p. 15.

6. Because of their proximity to the children's families, Louisiana treatment facilities can provide programs that include "integrating schooling [with] outpatient therapy for the entire family to prepare for the return of the child to his own home and community." Pl. Ex. 21., p. 7; Koepp Dep., pp. 68-72, 99-102, 103.

7. If a child placed in residential treatment in Louisiana has no family, DFS can locate a foster family for that child and provide it with necessary supportive services. That family then can assume the crucial role in the child's life described in paragraphs C(2) and (3), supra. Koepp Dep., p. 69.

8. The families of children placed and funded by HHRA in Texas institutions are unable to participate in their children's treatment programs and lives. Testimony of Jarmilla Batiste; Billie Williams; Olander Cassimere; Stella Mae Thompson; Shirley Poret; Clifton Poret; Pl. Ex. 90.

9. Because of the great distance and cost, the families of children placed and funded by HHRA in Texas institutions are rarely, if ever, able to visit their children; and HHRA does not provide funds for such visits. Manual Dep., p. 111; Carrick Dep., p. 10; Deposition of Charles O. Yost, December 15, 1975, 6:00 p.m. (Yost Dep. II), pp. 90-91; Testimony of Stella Mae Thompson;

Jarmilla Batiste; Olander Cassimere; Shirley Poret; Billie Williams; Pl. Ex. 1; 3; 4; 34, p. 43; 97, p. 51.

10. Children placed and funded by HHRA in Texas institutions rarely, if ever, visit their families in Louisiana. Testimony of Jarmilla Batiste; Billie Williams; Olander Cassimere; Stella Mae Thompson; Pl. Ex. 97, p. 22; 134, Tables 3 and 4; Sti 25-28.

11. Children placed and funded by HHRA in Texas institutions are afforded little, if any, opportunity to communicate with their families in Louisiana and are often prohibited from maintaining such communication. Testimony of Shirley Poret; Clifton Poret; Jarmilla Batiste; Stella Mae Thompson; Billie Williams; Olander Cassimere; Pl. Ex. 97, p. 23.

12. A substantial number of the families of children placed and funded by HHRA in Texas institutions have no idea where their children are or how their children are adjusting to their placement. Pl. Ex. 97, p. 20; 134, Tables 3 and 4; Stip. 25-28; Guillory Dep., p. 117.

13. HHRA makes no effort to reintegrate the children it places and funds in Texas institutions into their families and communities in Louisiana. Manual Dep., p. 111; Gomez Dep., pp. 127-128, 211, 215-217; Estes Dep., p. 68; Carrick Dep., p. 12-13; Pl. Ex. 110; 134 Table 19; Stip. 25-28.

14. Once it places a child in a Texas institution, HHRA makes no attempt to locate an alternative private treatment facility for that child in Louisiana. Gomez Dep., p. 211.

15. The children placed and funded by HHRA in Texas institutions identify with Louisiana and consider the state their home. Carrick Dep., pp. 52-53; Pl. Ex. 94, p. 2; 96, p. 1.

16. The children placed and funded by HHRA in Texas ins tutions are "literally starved for contact with someone from home Pl. Ex. 96, p. 1.

17. For a child it has placed and funded in a Texas institution who has no family, DFS can neither locate a foster famil for that child in Texas to assume the crucial role in the child's life described in paragraphs C(2) and (3), supra, nor provide such a family with necessary supportive services. The Texas Department of Public Welfare (TDPW) has no responsibility for the Louisiana children in Texas. Deposition of George Campbell (Campbell Dep.), p. 48; Deposition of Margaret May (May Dep.), p. 88; Koepp Dep., pp. 72-73, 103.

18. DFS kept plaintiff Joseph G. and his mother Jarmill Batiste apart for 10 years until the initiation of this litigation At the age of 2 years and 10 months, Joseph was placed by DFS in foster care, and spent the next two years in three different foste placements. During this period, his mother visited him as often a DFS would allow and continually sought his return to her family. Throughout these three placements Joseph retained a very close attachment to his mother. Joseph was then sent to two successive institutions, in New York and in Texas, and during the next eight years was never permitted to visit with his mother. Pl. Ex. 102, pp. 13, 22, 190, 192-3; Testimony of Jarmilla Batiste.

19. DFS and the East Texas Guidance and Achievement Center actively thwarted Mrs. Batiste's efforts to attempt to re-integrate her son, plaintiff Joseph G., into her family. Mrs. Batiste wrote to the New York facility in which Joseph was placed requesting his return to her. Despite repeated recommendations from that facility that Joseph be returned home or placed in a foster home in his community, DFS, without even allowing him a visit home, sent him to the East Texas Guidance and Achievement Center in Tyler Texas. Six months later, a special education program became available in New Orleans for Joseph. Although Mrs. Batiste continuously wanted Joseph to come home and DFS had found that she was maintaining a good home for her other children, DFS and East Texas Guidance and Achievement Center refused to allow Joseph to return home to participate in the special education program. They even refused to allow him to go home over Christmas. Pl. Ex. 102, pp. 22, 32, 35, 194-195, 41, 76, 97, 99-102, 113, 197-198; Testimony of Jamilla Batiste; Yost Dep. II, pp. 126-133; Oberholtzer Dep. pp. 161, 170-171.

D. HHRA places Louisiana children in inadequate institutions in Texas knowing very little, if anything, about these institutions except their willingness to take the children.

1. The only criteria HHRA employs in selecting a Texas institution in which to place a child are whether the institution is licensed by TDPW and whether it will accept the child. Gomez Dep., pp. 9, 17, 172-174, 240; Yost Dep. II, pp. 45-46; Manual Dep., pp. 17, 43, 47, 53, 58, 71; Couret Dep., p. 13; Guillory Dep., pp. 31, 36, 81; Oberholtzer Dep., pp. 67, 73.

2. HHRA has no knowledge of the content of TDPW's licensing standards for private child-caring institutions. Gomez Dep., pp. 147-148; Manual Dep., pp. 74, 109; Yost Dep. II, pp. 105-106; Pl. Ex. 31, #3; 32, #3; 99; 100, p.4, #3; 31, #3.

3. HHRA has not had copies of any licenses, licensing reports or licensing studies from any of the Texas institutions in which it has placed and funded Louisiana children. Pl. Ex. 18; 100, p. 6, #14 and 15; 31 #14 and 15.

4. The responsible officials for the DFS and ECA placement programs repeatedly have been informed by Texas licensing officials that, under Texas licensing laws, the fact that a Texas institution has been licensed does not in any way mean that its treatment program has been evaluated or that the institution even has a treatment program. Campbell Dep., pp. 41-42, 34, 37, 40, 9-10; May Dep., p. 83; Yost Dep. II, pp. 105-108.

5. HHRA does not maintain regular contacts with Texas licensing authorities concerning the Texas institutions in which it places and funds Louisiana children. Gomez Dep., pp. 145, 147; May Dep., p. 77; Manual Dep., pp. 109-110;Yost Dep.II,p. 59; Pl. Ex. 31, #8; 32, #8; 97, p. 17.

6. HHRA does not systematically inspect the Texas institutions in which it places and funds children to determine if the institutions are providing adequate care and treatment programs. Couret Dep., p. 17; Yost Dep. II, pp. 105-108, 111-112; Gomez Dep., pp. 156-158; Pl. Ex. 22-27; Carrick Dep., pp. 46-47.

7. HHRA does not have any detailed information concerning the nature and level of care and treatment programs, if any, at the Texas institutions in which it places and funds children. Gomez Dep., pp. 141-142; Manual Dep., p. 45; Yost Dep. II, pp. 64-65; Pl. Ex. 1 to Gomez Dep., Vol. II; Pl. Ex. 67; 134, Tables 15 and 16; Stip. 25-28.

8. The Orleans Parish Department of Probation has no information concerning Texas child-caring institutions in which delinquents are placed, and it relies totally on ECA to select an appropriate facility. Sidney Dep., pp. 11, 12, 15, 87; Pl. Ex. 99; 31, #17.

9. Although ECA is supposed "to determine the best alternative to meet the specific needs of the child," the director of ECA admits that his counselors are not qualified to determine if a facility meets the best needs of the child. Pl. Ex. 36, p. II-3; Gomez Dep., pp. 164, 165.

10. Virtually all of the children placed and funded by HHRA in Texas institutions are placed without preplacement visits and interviews. Nor have their parents, caseworkers or institutional counselors visited the institutions. Decisions are made on the basis of information sent by HHRA to Texas institutions, and such information is hastily prepared, frequently illegible and hard to evaluate. Carrick Dep., pp. 10, 33; Manual Dep., pp. 22, 37-39, 106; Couret Dep., p. 17; Yost Dep. II, p. 90; Koepp Dep., pp. 73-75.

11. When HHRA places children in Louisiana facilities, it has full licensing reports and studies on each facility; its caseworkers and institutional counselors have visited each facility;

and all of the children and their families have the benefit of a pre-placement interview. Yost Dep. II, pp. 90, 112-113; Koepp Dep., pp. 55-56, 58-60; Manual Dep., pp. 37-38; Gomez Dep., p. 188; Estes Dep., pp. 29, 49, 53-55; Pl. Ex. 15; 21; 43; 52, p. 9.

12. HHRA has repeatedly attempted to place and fund Louisiana children in Texas institutions wholly inappropriate to their needs. Examples include:

(a) the placement of ambulatory, toilet-trained children at Gertrude Thomas, a facility for non-ambulatory, non-toilet-trained children. Manual Dep., p. 48; Deposition of Irene Hirsch (Hirsch Dep.), pp. 10-15;

(b) the placement of a "deaf mute" at Dyer Vocational Training Center, a facility with no program for the deaf. Manual Dep., p. 67;

(c) the placement of a trainable child at Gertrude Thomas and Peaceful Valley, purely custodial facilities. Couret Dep., pp. 20-22, 28;

(d) the placement of a child with normal intellectual ability at Bagley, a purely custodial facility. Couret Dep., p. 42;

(e) the placement of a very trainable child at Heart of Texas and then Bagley, both purely custodial facilities. Couret Dep., pp. 47-48, 57-58;

(f) the placement of blind children at Dillin's Children's Home, a facility with no program for the blind. Couret Dep., pp. 75-76;

(g) the placement of a delinquent child at Jones Children's Haven, a purely custodial facility for non-ambulatory children. Sidney Dep., p. 84;

(h) the placement of an autistic child at Bagley, a purely custodial facility with no therapy for autistic children. Pl. Ex. 1;

(i) the placement of plaintiff Gary W., a child with a 76 I.Q., at Dyer Vocational Training Center in Jewett, Texas a facility for "high level custodial clients" with no vocational training. Manual Dep., pp. 97-101; Pl. Ex 34, p. 6; 8; 11;

(j) the placement of a non-retarded child with normal intellectual ability at Dyer Vocational Training Center. Pl. Ex. 69; Testifimony of Clifton Poret;

(k) the placement of non-ambulatory children at Dyer Vocational Training Center, a facility for ambulatory children. Pl. Ex. 70; 71; 72;

(l) the placement of children at Angie Nall, a facility licensed for 22 children that had a population of 96 children. Pl. Ex. 77;

(m) the placement of delinquent children at Bagley, a purely custodial facility, inappropriate for delinquent children. Gomez Dep.,pp. 86, 93;

(n) the placement of a delinquent child at Peaceful Valey, a purely custodial facility inappropriate for delinquent children. Gomez Dep., p. 93;

(o) the placement of a delinquent child at Gertrude Thomas, a facility for non-ambulatory, bed-ridden children. Gomez Dep., pp. 93-94;

(p) the placement of ambulatory children at Jones Children's Haven, a purely custodial facility for non-ambulatory children. Pl. Ex. 5; Broach Dep., pp. 11-13, 35-44.

(q) the placement of a trainable child at Peaceful Valley,a purely custodial facility. Pl. Ex. 4.

13. As a result of the placement by HHRA of Louisiana children in inappropriate and inadequate Texas institutions, 43% of the ECA children and 65% of the DFS children are transferred by HHRA to different institutions. A large number of these children have been moved because the institutions in which they were placed closed, dropped their programs, lost their licenses, or were otherwise determined by HEW, TDPW or HHRA to be inadequate. "Turmoil in [the] state of Texas...caused [HHRA] to move children from one facility to another." Pl. Ex. 26, p. 11; Pl. Ex. 134, Tables 17 and 18; 80; Stip. 25-28.

E. HHRA does not supervise, monitor or maintain contact with the children it places in Texas institutions.

1. DFS has sole responsibility for insuring that the children in its custody receive adequate treatment and care, including programs appropriate to their individual, educational, psychological and medical needs. Stip. 9.

2. ECA is responsible for continously assuring that the children it has placed and funded receive treatment and care suitable to their individual treatment needs. Pl. Ex. 25, p. 5; 26, p. 6; 27 BR-5(1); 28, p. 10; 36, p. II-3; 36, App. D, #5.

3. ECA is the sole agency with responsibility for supervising and monitoring the treatment and care of Louisiana delinquent children who have been placed in Texas institutions. Sidney Dep., pp. 24, 41-43, 61-62, 91.

4. Once a child has been placed by HHRA in a Texas institution, HHRA does not supervise and monitor that placement and has no way of assuring that the child is receiving adequate care and treatment. Pl. Ex. 27, BR-5(10); 94, p. 4; 96, p.2; 97, p.43; 102, pp.32,35,56,57,68,76; Manual Dep.,pp. 37,22; Estes Dep., p.76; Couret, pp. 18,81; Koepp Dep., pp. 91-2,97-99.

5. HHRA does not visit the children it has placed in Texas institutions.Koepp Dep., pp. 79-80, 104, 34; Oberholtzer Dep. p. 144; Gomez Dep., 156-158; Manual Dep., p. 21; Couret Dep., p.17; Carrick Dep., p.55,44; Yost Dep, II, p.73; Stip. 25-28; Pl. Ex. 134, Tables 5 and 6; 22-27; 97, p.40.

6. Following the placement by HHRA of a child in a Texas institution, HHRA relies totally on that institution for information about the child's progress and condition. Gomez Dep., p. 123,216; Manual Dep., p. 21; Yost Dep., II, pp. 69,88.

7. HHRA receives no progress report on a substantial number of the children it places and funds in Texas. For the great majority of the remainder of the children, it receives infrequent and inadequate reports on their educational, vocational, counseling, treatment or therapy programs, physical and health status, and general living conditions. Stip. 25-28; Pl. Ex. 134, Tables 9-14; 97, 15 and 45; Couret Dep., pp. 81,68; Yost Dep.,II, pp. 85-86.

8. HHRA has instructed Texas institutions that progress "report[s] need not be detailed". Pl. Ex. 34, p. 54, 66.

9. Even when a Texas institution submits reports to HHRA about children placed and funded by HHRA in that institution, HHRA never responds or follows-up on such reports. Carrick Dep., pp. 11-12, 44, 55.

10. For children placed and funded by HHRA in Texas institutions, HHRA relies totally on those institutions for decisi

egarding the children's ability to benefit from placement in an lternative setting. Gomez Dep., p. 123, 216; Manual Dep., p. 21; ost Dep., II, p. 69.

11. Because of the lack of supervision and monitoring y HHRA, many children placed by HHRA in Texas institutions "linger indefinitely in these institutions." Pl. Ex. 94, p.4; 116; 117; 102, pp. 32,35,56,57,68,76; Testimony of Olander Cassimere; Billie Williams; Jarmilla Batiste.

12. Even in emergency situations, when HHRA is informe by a Texas institution that a child needs an immediate change in placement for his or her own health and safety, HHRA has failed to acknowledge such requests and,to the child's detriment, has delayed its response for many months. Carrick Dep., pp. 12-32, 34-44.

13. HHRA has totally failed to maintain any personal contact with the children it has placed and funded in Texas institutions. The children have been "dumped" and "abandon[ed]". Pl. Ex. 96, p. 2; Carrick Dep., p. 66; Pl. Ex. 94, p.4; 110; 97, pp. 25,41 a 46; 134, Tables 5 and 6; Stip. 25'28; Koepp Dep., pp. 72-73; Manual Dep., p. 21; Oberholtzer Dep., pp. 60-62, 96-106, 144-6; Yost Dep., II, p. 47.

14. TDPW does not in any way monitor and supervise the Louisiana children placed by HHRA in Texas institutions. Campbell Dep., p. 48; May Dep., p. 88; Pl. Ex. 96, p.2.

15. When a child is placed and funded by HHRA in a Louisiana facility, HHRA can regularly visit both the child and the facility and closely supervise and monitor the child's progress and condition. Koepp. Dep., pp. 32-33, 62-64, 66-67, 80, 82-83; Sidney Dep., p. 60-61, 90; Estes Dep., p. 70.

F. Children have been placed by HHRA in inadequate institutions in Texas, and, in many Texas institutions, have suffered great harm, unnecessary punishment, involuntary servitude, excessive physical and psychopharmacological restraints and interference with their communication.

1. Plaintiffs incorporate by reference the proposed findings of plaintiff-intervenor United States on this subject.

2. Examples of Texas institutions which have provided inadequate care and treatment to children placed by HHRA are:

(a) Bagley. Pl. Ex. 1;39; Manual Dep., pp. 103-104; Gomez Dep., 160, 172;

(b) Lullabye Children's Home. Pl. Ex. 2; 6; 7; Gomez Dep., p. 161;

(c) Peaceful Valley. Pl. Ex. 3; Manual Dep., pp. 103-104; Couret Dep., p. 30; Gomez Dep., p. 160;

(d) Heart of Texas. Pl. Ex. 4; Gomez Dep. 160, 172;

(e) Jones Children's Haven. Pl. Ex. 5; Gomez Dep., p. 160; Broach Dep., pp. 35-41,44,43,50;

(f) Texas Children's Home. Pl. Ex. 6; 7; Gomez Dep., p. 161;

(g) Fred Day's Home For Children. Pl. Ex. 6; 7; 16; Gomez Dep., p. 161; May Dep., pp. 43-44;

(h) Sunset Acres. Pl. Ex. 6; 7; Gomez Dep., p. 161;

(i) Dyer Vocational Training Center. Pl. Ex. 8; 11; 12; Manual Dep., pp. 97-100;

(j) Gertrude Thomas. Pl. Ex. 111, p.10; Manual Dep., p. 51, pp. 145-147; Couret Dep., pp. 18, 26; Campbell Dep., pp. 43-44;

(k) Woodacres. Pl. Ex. 46; 47; 48; 49; 88; 91; 111, pp. 1, 3; Gomez Dep., pp. 158-159; 172;

(l) Rolling Creek Manor. Pl. Ex. 111, pp. 2-9; Gomez Dep., p. 160;

(m) Harris County. Gomez Dep., p. 161;

(n) East Texas Guidance and Achievement Center. Pl. Ex. 90; 92.

G. Prior to the initiation of the instant case, the response of HHRA to information that a Texas institution was inadequate was to conceal that information and continue to place and fund children at that institution.

1. On March 28, 1973, Beatrice Enloe reported to Garland Bonin, Director of DFS, that, among other things, DFS children at the East Texas Guidance and Achievement Center were receivi no therapy, the facilities were dilapidated, and $525 per month was a great deal to pay for "merely custodial care". In response to plaintiffs' discovery requests, DFS produced a wholly retyped version of the Enloe report, omitting significant negative references to East Guidance and Achievement Center. Compare Pl. Ex. 90 with Pl. Ex. 88, pp. 3-7.

2. The Enloe report described in paragraph G(1) followed a report about East Texas Guidance and Achievement Center by Fay Ruth Schilling written in 1971 which described the physical facilities as "unbelievably poor" and the institution as "inferior in all respects". Plaintiff Joseph G. was placed and funded by HHRA at the East Texas Guidance and Achievement Center in 1972 following the first report. And at the time of the Enloe report, he was one of a number of children at East Texas who had been placed and funded by HHRA. Not only did HHRA not remove its children from the East Texas Guidance and Achievement Center as a result of the Enloe report, but it increased its population at East Texas during 1973 from three to ten children. Pl. Ex. 92; 102, p. 68; 123, G-1; Yost Dep., II, pp. 37-38.

3. On November 6, 1970, Herman Manual wrote a report to Sidney Gomez, the Director of ECA, describing an unannounced visit he had made to the Dyer Vocational Training Center to investigate complaints about Dyer. The report indicated that Dyer was "nothing more than a facility for...custodial care" and did not deserve to be called a "vocational training center" since it offered no vocational training. On December 30, 1970, Sidney Gomez wrote a report addressing the complaints received about Dyer. In this report, he repeatedly referred to the above mentioned Manual report as being "favorable" to Dyer. Compare Pl. Ex. 8 with Pl. Ex. 45.

4. At the time of the Manual report described in paragraph G(3), plaintiff Gary W. was one of a number of Louisiana children placed and funded by HHRA at the Dyer Vocational Training Center. Not only did HHRA not remove the children from the Dyer Vocational Training Center as a result of the Manual report, but it increased its population at Dyer during 1970 from 26 to 67 children. Pl. Ex. 34, p. 18; Pl. Ex. 56.

5. On May 26, 1969, the director of ECA and all counselors were advised by Oda Davis that Bagley was a purely "CUSTODIAL" facility. Despite this report, HHRA continued to place and fund children at Bagley and its placements included trainable children, delinquent children, and one child with normal intellectual ability. Pl. Ex. 39; Pl. Ex. 56; Couret Dep., pp. 42, 57-58; Gomez Dep., pp. 86, 93.

6. In 1967, HHRA was advised by a case worker taking a child to Woodacres that she did not leave the child at that institution because the institution had no educational program, had an inadequate staff, provided no training and was merely custodial. HHRA continued to place and fund children at Woodacres until it

lost its license in 1974. Even after HHRA had knowledge in 1974 that Woodacres was not meeting minimum Texas standards and was about to lose its license, it kept its children at Woodacres for six additional months, long after the facility had lost its license. Pl. Ex. 91; 56; 123, G-1; 46; 47; 48; 49; 111, pp. 1-5; 118; Yost Dep., II, pp. 31-33; Campbell Dep. 32-34; May Dep., pp. 57-58.

7. In April 1975, John Sewell was sent to Texas by HHRA to inspect certain institutions in which HHRA placed and funded children. He recommended the immediate removal of all HHRA children from Bagley, Lullabye, Peaceful Valley, Heart of Texas and Jones Children's Haven. On October 31, 1975, however, there were still HHRA children in all of these facilities. Pl. Ex. 1; 2; 3; 4; 5; 87; 132.

8. In August, 1974, the director of ECA contacted TDPW to ask which were the worst facilities in the Bangs, Texas area that had ECA children. He was informed that Fred Day's Home For Children was the worst among a number of inferior custodial institutions. As of January, 1975, ECA still had not removed all children from Fred Day's. May Dep., pp. 43-44; Pl. Ex. 56.

II. Black children are placed by HHRA in Texas institutions at a disproportionately greater rate than white children.

1. In 1975, 15% of all white ECA children were placed in Texas institutions while 47% of all black ECA children were placed in Texas institutions. Although the total ECA population was only 27% black, the population placed in Texas was 54% black. These figures are consistent with those of the previous five years. Pl. Ex. 68, Tables I, IV A, IV B.

2. In 1975, 25% of all white ECA children were placed in non-residential care while only 5% of all black ECA children

were placed in non-residential care. These figures also are consistent with those of previous years. Pl. Ex. 68, Table II C.

3. In 1975, 22% of all white DFS children were placed in Texas institutions, while 30% of all black DFS children were placed in Texas institutions. A black DFS child had a 36% greater likelihood of being placed in Texas than a white DFS child. Pl. Ex. 68, Table V.

4. In 1975, 20% of all white mentally retarded DFS children were placed in Texas institutions while 38% of all black mentally retarded DFS children were placed in Texas institutions. A black mentally retarded DFS child had a 90% greater likelihood of being placed in Texas than a white mentally retarded DFS child. Pl. Ex. 68, Table VI.

5. HHRA is placing and funding children in racially segregated facilities in Louisiana. Stip. 19, 20; Pl. Ex. 55; Manual Dep., pp. 134, 142; Sidney Dep., 79-81.

6. Racial discrimination in facilities in Louisiana has been a principal reason for placing black children in Texas at a far greater rate than white children. Yost Dep. II, pp. 17, 119-122; Gomez Dep., p. 105, 111, 114; Couret Dep., p. 49.

7. Racial discrimination in facilities in Louisiana remains a principal reason for placing black children in Texas at a far greater rate than white children. Gomez Dep., p. 115; Sidney Dep., p. 78; Manual Dep., p. 133; Yost Dep. II, pp. 119-122.

8. All of the children placed and funded by HHRA at the following Texas institutions were black:

(a) Texas Children's Home

(b) Fred Bey's Home For Children

(c) Sunset Acres

(d) Lullabye Children's Home.

Virtually all of the children placed and funded by HHRA at the following institutions were black:

(a) Woodacres

(b) Bagley

(c) Peaceful Val

(d) Heart of Texas.

HHRA removed all of the children from these eight facilities because the facilities were providing inadequate care. Pl. Ex. 56; 123, G-2; Gomez Dep., pp. 158-161.

9. ECA did not try to place plaintiff Gary W. in a facility in Louisiana because he was black. Guillory Dep., pp. 81-82.

I. The children placed and funded by HHRA in Texas institutions have not been placed in the least restrictive programs appropriate to their needs.

1. Plaintiffs incorporate by reference the findings of plaintiff-intervenor United States on this subject.

2. The board rate paid by HHRA to residential facilities in Louisiana does not allow them to meet their costs. Pl. Ex. 108, pp. 10-11, 13-41; 138 (1972-73), p. 11.

3. As a result of the low board rate paid Louisiana facilities by HHRA, many of the facilities formed an association in 1971 and refused to take any more HHRA children. Yost Dep., II, pp. 4-7; Pl. Ex. 138 (1971-72), p. 12.

4. The low board rate paid Louisiana facilities by HHRA has discouraged the establishment of new child caring facilities in Louisiana and generally limited the availability of adequate in-state placements. Pl. Ex. 138 (1972-73), p. 11; 94, pp. 5-6.

5. While HHRA has paid facilities in Louisiana a low board rate, it has placed and funded children in Texas at a much higher rate. Pl. Ex. 30; Yost Dep. II, pp. 115-116.

6. A substantial number of children were placed by HHRA in Texas institutions without any attempt to place them in facilities in Louisiana. Stip. 125-128; Pl. Ex. 134, Tables 1 and 2; 97, p. 44.

7. On March 27, 1975, DFS placed a moratorium on all out-of-state placements. Since that date DFS has been able to place its children in Louisiana. Pl. Ex. 17; Yost Dep. II, pp. 102-104.

J. Federal Social Security Act monies have been used to fund HHRA placements in Texas. Stip. 24; Pl. Ex. 27, BR-5(11) and (12), BR-6; 28, pp. 16, 19; 36; 37; Gomez Dep., p. 198; Estes Dep., p. 44.

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UNITED STATES DISTRICT COURT
FOR THE
EASTERN DISTRICT OF LOUISIANA

GARY W., et al.,
Plaintiffs,
v.
WILLIAM STEWART, et al.,
Defendants.

Civil Action
No. 74-2412

Section "C"

PLAINTIFFS PRE-TRIAL MEMORANDUM OF LAW

I. INTRODUCTION

This case challenges the Louisiana Health and Human Resources Administration's (HHRA) practice of sending Louisiana children to Texas institutions as violative of the children's guaranteed rights under the Fourteenth Amendment and the Social Security Act to adequate care, treatment and habilitation in the least restrictive setting possible and their right under the Fourteenth Amendment to be free from cruel and unusual punishment.

Children are sent to Texas institutions by either of two HHRA agencies - the Division of Family Services (DFS) or the Exceptional Children's Act Program (ECA).

DFS has custody over three groups of children. The first group consists of those children who have been adjudicated to be neglected and dependent pursuant to LSA-R.S. 13:1580. Second are those children whose parents have voluntarily surrendered custody. Comprising the third group are children whose parents have entered into a contract with DFS under which DFS agrees to provide services to their children. See Facts Stipulated By Plaintiffs and Louisiana State Defendants (Stip.) 6-7. In all of these cases DFS has full custody over the children., Id. In none of these cases does either the parent or the child any longer exercise any control over the child's placement. Id. 8.

In contrast to DFS, ECA operates a program in which families retain legal custody of their children. LSA-R.S. 40:2121 et seq. ECA provides treatment services for children deemed in need of private treatment (residential or non-residential) who have an exceptionality (a handicapping condition, disability, or other treatment need) and whose families cannot afford such services. LSA-R.S. 40:2125.

Children placed by ECA also fall into one of three categories. A significant percentage of the Louisiana children put in Texas institutions have been sent there as the result of being adjudicated juvenile delinquents. See Plaintiffs' Proposed Findings Of Fact (Pl. Findings) #B(6) and (7), p.3. In these instances ECA acted after being contacted by a probation officer attached to the juvenile court and asked to find a placement for dispositional purposes. See, e.g.; Deposition of Israel Sidney, December 18, 1975, pp.72-75. Second, ECA sometimes places a child on the parents' request after DFS or the Juvenile Court has threatened the parents with neglect or dependency proceedings unless an ECA placement is requested. See Pl. Findings, #B(8), p.3. Finally, parents unable to cope with their children's problems sometimes go to ECA and request a placement for their children. See Pl. Findings #B(9)-(20), pp. 3-6.

II. THE UNITED STATES CONSTITUTION REQUIRES THAT CHILDREN PLACED IN INSTITUTIONS BY DHRA BE PROVIDED ADEQUATE CARE, TREATMENT AND HABILITATION IN THE LEAST RESTRIC-SETTING POSSIBLE AND BE FREE FROM CRUEL AND UNUSUAL PUNISHMENT

A. The Right to Adequate Care, Treatment and Habilitation

It is indisputable that institutional confinement entails a "massive curtailment of liberty," Humphrey v. Cady, 405 U.S. 504, 509 (1972). Courts now recognize that such institutionalization, which is often of indefinite duration and severely stigmatizes those confined, may at times exceed even criminal incarceration in its destructive impact on an individual's personal freedoms. Donaldson v. O'Connor, 493 F.2d 507, 520 (5th Cir. 1974), vacated and remanded, ___U.S.___, 95 S.Ct. 2486 (1975).[1] Such interference with personal liberties can be countenanced by the due process clause only if it can be justified in terms of some permissible governmental interest. Wyatt v. Aderholt, 503 F.2d F.2d 1305, 1312 (5th Cir. 1975); Donaldson v. O'Connor, supra, 493 F.2d at 520.

When the justifications typically posed for institutional confinement are analyzed, it becomes immediately clear that due process demands that treatment be afforded the confined individual. The Supreme Court held in Jackson v. Indiana, 406 U.S. 715 (1975) that:

> [a]t the least, due process requires that the nature and duration of commitment bear some reasonable relation to the purpose for which the individual is committed.

406 U.S. at 738.

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[1] Although the Supreme Court decided Donaldson on narrower ground than did the Fifth Circuit, the Donaldson rationale with respect to the right to treatment still stands as law in this Circuit, having been adopted in Wyatt v. Aderholt, 503 F.2d 1305 (5th Cir. 974).

Where an individual is confined pursuant to the state's parens patriae power, that is, because of the individual's need for care or treatment, the sole justification for commitment is treatment. Without adequate treatment, no relation exists between the purpose of confinement and its nature and duration. Thus

> [t]o deprive any citizen of his or her liberty upon the altruistic theory that the confinement is for humane therapeutic reasons and then fail to provide adequate treatment violates the very fundamentals of due process.

Donaldson v. O'Connor, supra, 493, F.2d at 521, quoting Wyatt v. Stickney, 325 F.Supp. 781, 785 (M.D.Ala. 1971). Absent treatment, confinement becomes "an arbitrary exercise of government power." Donaldson v. O'Connor, supra, 493 F.2d at 521.

The second source of the confined indidivual's right to treatment stems from the fact that he has been denied the safeguards that traditionally accompany the loss of liberty. Due process ordinarily condemns long-term detention except when an individual is proved, in a proceeding subject to the rigorous constitutional limitations of the due process clause and the Bill of Rights, to have committed a specific act defined as an offense against the state, and for which incarceration is permitted for a fixed term only.

> [W]hen the three central limitations on the government's power to detain - that detention be in retribution for a specific offense, that it be limited to a fixed term, and that it be permitted after a proceeding where fundamental procedural safeguards are observed - are absent, there must be a quid pro quo extended by the government to justify confinement.

Donaldson v. O'Connor, supra 493 F.2d at5522.

That quid pro quo is rehabilitative treatment. Without treatment:

> being hospitalized...would be equivalent to placement in 'a penitentiary where one could be held indefinitely for no convicted offense.' Ragsdale v. Overholser, 108 U.S. App. D.C. 308, 281 F.2d 943, 950 (1960).

Welsch v. Likins, 373 F.Supp, 487, 497 (D.Minn. 1974); see also Donaldson v. O'Connor, supra, 493 F.2d at 522 n.22.

Numerous courts have followed the inexorable logic of Wyatt and Donaldson and held that due process guarantees a right to treatment to those confined in facilities for the mentally retarded, Welsch v. Likins, supra; Davis v. Watkins, 384 F.Supp. 1196 (N.D.Ohio 1974); see also Horacek v. Exon, 357 F.Supp. 71 (D.Neb. 1973); for the mentally ill, Wyatt v. Aderholt, supra; Donaldson v. O'Connor, ___U.S.___, 95 S.Ct. 2486 (1975) (non-dangerous mentally ill); see also Nason v. Superintendent, Bridgewater Hospital, 353 Mass. 604, 233 N.E. 2d 908 (1968); and for juvenile offenders and non-offenders, Nelson v. Heyne, 491 F.2d 352 (7th Cir. 1974); Morales v. Turman, 383 F.Supp. 53 (E.D. Tex. 1974), appeal docketed, No.74-3436 (5th Cir.); Martarella v. Kelley, 349 F.Supp. 575 (S.D.N.Y. 1972); Inmates of Boys' Training School v. Affleck, 346 F.Supp. 1354 (D.R.I. 1972).

B. Treatment in the Least Restrictive Setting

Firmly entrenched in our jurisprudence is the principle that when the government acts in a manner that infringes upon an individual's constitutional rights, it must act so as to interfere in the least restrictive manner possible. As the Supreme Court stated in Shelton v. Tucker, 364 U.S. 479, 488 (1960):

> In a series of decisions this Court has held that, even though the governmental purpose be legitimate and substantial, that purpose cannot be pursued by means that broadly stifle fundamental personal liberties when the end can be more narrowly achieved. The breadth of legislative abridgement must be viewed in light of less drastic means for achieving the same basic purpose.

This least restrictive alternative principle has been invoked in a wide range of cases, involving, for example, freedom of speech, *United States* v. *O'Brien*, 391 U.S. 367 (1968) freedom of travel, *Aptheker* v. *Secretary of State*, 378 U.S. 500 (1964); *Shapiro* v. *Thompson*, 394 U.S. 618 (1969); freedom to practice one's religion, *Sherbert* v. *Verner*, 374 U.S. 398 (1963); freedom to exercise one's franchise, *Dunn* v. *Blumstein*, 405 U.S. 330 (1972); privacy between marriage partners, *Griswold* v. *Connecticut*, 381 U.S. 497 (1965); freedom of personal choice in marriage and family life, *Eisenstadt* v. *Baird*, 405 U.S. 438 (1972). In none of these instances was the interference with personal liberty greater than the loss of liberty incurred through institutional confinement. Just as due process demanded in those cases the least restrictive interference necessary to achieve the legitimate governmental interests present, so too does it require, in the instant case, that care, treatment and habilitation take place in the least restrictive setting possible. Thus, *Wyatt* ordered that, with respect to the mentally retarded:

> a. No person shall be admitted to the institution unless a prior determination shall have been made that residence in the institution is the least restrictive habilitation setting feasible for that person.
>
> b. No mentally retarded person shall be admitted to the institution if services and programs in the community can afford adequate habilitation to such person.
>
> c. Residents shall have a right to the least restrictive conditions necessary to achieve the purposes of habilitation. To this end, the institution shall make every attempt to move residents from (1) more to less structured living; (2) larger to smaller facilities; (3) larger to smaller living units; (4) group to individual residence; (5) segregated from the community to integrated into the community living; (6) dependent to independent living.

Wyatt v. Stickney, 344 F.Supp. 387, 396 (M.D.Ala. 1972). This application of the least restrictive alternative principle to the area of institutional commitment has been recognized by a number of other courts as well. Welsch v. Likins, supra, 373 F.Supp. at 502; Davis v. Watkins, supra, 384 F.Supp. at 1203; Morales v. Turman, supra, 383 F.Supp at 124-125; Lessard v. Schmidt, 349 F.Supp. 1078, 1095-96 (E.D.Wis. 1972), vacated and remanded on other grounds, 414 U.S. 473 (1974), on remand, 379 F.Supp. 1376 (1974, vacated and remanded ___U.S.___, 95 S.Ct. 1943 (1975); see also Covington v. Harris, 419 F.2d 617, 623 (D.C. Cir. 1969).

C. The Right to Be Free From Cruel and Unusual Punishment

The nature of an institutional confinement must also be measured against the Eighth Amendment's proscription against cruel and unusual punishment, made applicable to the states by the Fourteenth Amendment. Robinson v. California, 370 U.S. 660 (1962). While not applicable to every conceivable type of punishment, see Ingraham v. Wright, 525 F.2d 909 (5th Cir. 1976) (school discipline), enforcement of Eighth Amendment standards clearly is not limited solely to criminal imprisonment. Thus, courts have held that juveniles incarcerated in state training schools are afforded protection against cruel and unusual punishment. Martarella v. Kelley, supra, 349 F.Supp. at 585; Morales v. Turman, supra, 383 F.Supp. at 70. It also protects juveniles confined to state training schools who are not considered to have been convicted of any crime, Nelson v. Heyne, supra, 491 F.2d at 356; Inmates of Boys' Training School v. Affleck, supra, 346 F.Supp. at 1366-67; *Lollis* v. *New York State Department of Social Services*, 322 F.Supp. 473 (S.D.N.Y. 1970). Similarly, individuals confined to institutions for the mentally ill or retarded also fall within the purview of the Eighth Amendment. *Welsch* v. *Likins*, *supra*, 373 F.Supp. at 503. Furthermore, the prohibition against cruel and unusual punishment "is not limited to specific acts directed at selected individuals, but is equally pertinent to general conditions of confinement," *Gates* v. *Collier*, 501 F.2d 1291, 1301 (5th Cir. 1974); *see also*, Welsch v. Likins, supra, 373 F.Supp. at 503.

III. THE RIGHT TO ADEQUATE CARE TREATMENT AND HABILITATION APPLIES TO ALL LOUISIANA CHILDREN SENT TO TEXAS INSTITUTIONS BY HHRA

The right to treatment extends to all individuals who have been confined involuntarily, whether they are confined to a training school, or an institution for the mentally ill or retarded, be they juvenile or adult. Similarly, courts make no distinctions between those whose commitments are involuntary as a result of a court order and those whose commitments are involuntary due to the coercive nature surrounding their confinement. None of the Louisiana children sent to Texas institutions by DFS and ECA have been truly voluntarily confined. In each instance the state has imposed its will or assisted in imposing the will of others upon the institutionalized child.

A. *Placements De Jure Involuntary*

As the discussion in Part I makes clear, those children who are sent to Texas by DFS are involuntary commitments. The common denominator of all of the DFS placements is the vesting of at least temporary custody over the children in DFS. Pl. Findings, #B(2), p.2. DFS exercises total control over the choice of all placements outside the home for these children. Pl. Findings, #B(5), p. 3. Neither the children nor their parents have any say about the location and conditions of the children's confinement.

Likewise, the placements by ECA of children who have been adjudicated delinquent by the juvenile courts plainly stand as involuntary commitments. Pl. Findings, #B(6) and (7), p. 3.

B. Placements Involuntary for the Children

In the remainder of ECA cases, which do not involve placement pursuant to a formal court order, ECA services are requested by a child's parents. But this fact only begins rather than concludes the inquiry with respect to voluntariness. For when the parents' actions are placed in context, it becomes readily apparent that neither the parents nor their children have voluntarily chosen to send their children to Texas.

First, none of the children sent by ECA to Texas are personally given the opportunity to object to or reject their placements. Pl. Findings, # B(2), p.6. Faced with similar commitment schemes under which children were committed to institutions by their parents, three recent three-judge courts have squarely held parents may not waive their children's constitutional liberty rights and commit them "voluntarily" to an institution. Bartley v. Kremens, 402 F.Supp. 1039, 1048 (E.D.Pa. 1975), appeal docketed, No. 75-1064 (S.Ct. 1976);

Kidd v. Schmidt, C.A. No.74-6605 (E.D.Wis. 1975); J. L. and J. R. v. Parham, C.A. No. 75-163-MAC (M.D.Ga. 1976).2/ As Judge Judd stated in New York State Association for Retarded Children v. Rockefeller, 357 F.Supp. 752, 762 (E.D.N.Y. 1973):

> There may be a fundamental conflict of interest between a parent who is ready to avoid the responsibility of caring for an abnormal child, and the best interests of the child. A 'voluntary admission' on the petition of parents may quite properly be treated in the same category as an 'involuntary admission,' in the absence of evidence that the child's interests have been fully considered.

While ordinarily, courts can presume that parents are acting in the best interests of their children, in the case of institutional commitments that presumption simply can not be applied, as the exceptions are too great and the potential harm to the children, caused by unnecessary and inappropriate commitments, is too severe. See Donaldson v. O'Connor, supra, 493 F.2d at 520; In re Ballay, 482 F.2d 648 (D.C.Cir. 1973); U.S. ex rel. Schuster v. Herald, 410 F.2d 1071, 1078 (2d Cir. 1969).

The primary reason that parents have conflicting interests with respect to the institutionalization of their children is that the emotional difficulties of juveniles are often part of a larger family problem. Even for a well meaning family, all too often the "voluntary" commitment route provides an escape from having to confront such problems:

> From the point of view of the family, the primary function of scapegoating is that it permits the family to maintain its solidarity.

2/ See Ellis, Volunteering Children, Parental Commitment of Minors to Mental Institutions, 62 Calif. L. Rev. 840 (1974).

> In all the disturbed families, there were very severe strains which continuously threatened to disrupt the family....By focusing on one particular child, the families were able to encapsulate problems and anxieties which could potentially disrupt various family processes. There seemed to be an added solidarity between the parents who stood united against the problem child. The fact that it is a child who is disturbed permits the parents to continue to perform the tasks necessary for household maintenance.

Vogel and Bell, *The Emotionally Disturbed Child as the Family Scapegoat*, in a Modern Introduction to the Family, p.425 (1968). *See also* Laing and Esterson, *Sanity, Madness and the Family* (1964); Szasz, *Law, Liberty and Psychiatry*, pp.153-154 (1963).

This potential conflict between the interests of parents and their children when it comes to institutionalizing a child has been recognized in numerous cases prior to *Bartley*, *Kidd*, and *Parham*. *See*. *eg*, *Heryford* v. *Parker*, 396 F.2d 393, 396 (10th Cir. 1968) (parent tho sets commitment process in motion has conflicting interests); *Horacek* v. *Exon*, 357 F.Supp. 71, 74 (D.Neb 1973) ("While the parents in all good conscience may desire... a specific type or style of treatment for their children, it would not necessarily be in the best interests of their children".) *Saville* v. *Treadway*, Civ. No.6969, Slip Op. at 4-5 (M.D.Tenn. Ma, 1974) (three-judge court) (possibility of conflicting interest between parents and their retarded children rendered "voluntary" commitment of children by their parents unconstitutional); *In re Sippy*, 97 A. 2d 455, 459 (Mun. Ct. of App., D.C., 1953) (court refused to place child in psychiatric facility after mother conceded that she herself had a strong temper, had never been able to evaluate her own problems, and had difficulty avoiding clashes with her daughter: "Where a parent seeks to have a child committed to a hospital, the law's customary deference to a judgment of the parent cannot be allowed to obscure the fact that the parent and the child may have opposing interests and that to entrust the child's procedural and substantive rights to parents effectively abolished those rights."); cf. Kent v. United States, 401 F.2d 408, 416 n.4 (D.C.Cir. 1968) (Burger, J., dissenting). ("Lawmakers in recent years have been sensitive to the need to make civil commitment difficult, recognizing the dangers of relatives 'farming' out their kindred into mental institutions for motives not always worthy."). The identical potential conflict is present in the instant case.

In Wyatt v. Stickney, supra, 344 F.Supp. at 390, n.5, the court pointed out that the "difficult" burden of proving that institutionalized individuals are voluntarily confined "falls squarely upon the institution," Wyatt v. Stickney, supra, 344 F.Supp. at 390 n.5. That burden can not be met here. Following a tour of nine Texas institutions and meetings with the Louisiana children placed by IHIRA at those institutions, two Louisiana state officials reported:

> there are telling signs that these children in general are far from being fulfulled. The yearning for home - or whatever they conceive of as their home - is ever present in all of them. This feeling came through poignantly as I talked to some of the children. Their tone and wistfulness left me with the feeling that they are "serving time", away from home and for reasons they perhaps do not understand nor fully accept. Some accept their plight passively, others simply run away. Incidents of runaway seem especially high among the adolescent group. Our visit was undoubtedly very meaningful to the children with whom we were able to talk. That they may not have ever seen us before did not matter. The simple knowledge that we were from Louisiana was instantly soothing for them, for we were a tangible and personal link with home. They seemed to swarm around us (even those not from

> Louisiana) as though to consume us. We were someone to whom they could ask questions about home. They invariably did ask about home: "Did we know the name of their home town? Their address? .... or even, Did we know the name of their street? How long would they have to remain here? Would we come back to see them? Would we tell acquaintances hello?", etc. It was almost a desperate plea for assurance that "home" still exists for them. *If these children told us anything at all, it is that they are not where they are, away from home, by simple preference*.

Pl. Ex. 94, p. 2 (emphasis added). Even under the most strained legal fiction, the concept of voluntariness would have to be turned on its head for these children to be considered to have voluntarily commited themselves.

C. Placements Involuntary As A Practical Matter

As the record in this case reveals, the parents of the children ECA has sent to Texas have not hadthe kind of choice that would allow their consent to be described in any sense as "voluntary". Parents who have been required by DFS or the juvenile courts to accept an ECA placement or risk the loss of custody of their children through a juvenile court proceeding, for example, can scarcely be said to be acting voluntarily. Pl. Findings, #B(8), p.3. The coercive effect of the court or agency threat is immense.

Further, in the great majority of cases, the parents of the children sent by ECA to Texas are in desperate need of the services provided by ECA. They believe that they can no longer adequately care for and treat their children in their own homes, a as a pre-requisite to ECA eligibility, they have exhausted all alternative public facilities for their children. Pl. Findings #B(9) (15), pp. 3 and 5. Typically, ECA selects only one institution fo them, and they are given the option of "take it or leave it." Pl. Findings #B(11)(14) and (19), pp. 4-6. In the case of a Texas institution, the parents almost certainly will never have heard of the facility and will be unable to visit it to form an independent judgment. Pl. Findings, #B(10) and(12), p.4. They must rely totally on ECA's description of its program and services, and often they are misinformed. Pl. Findings, #B(13), pp.4-5. If they indicate a desire for a local facility, ECA attempts to "persuade" them to accept the Texas institution. Pl. Findings #B(16), p.5. For a parent in this position whose child may be "incapable of existing independently unless successfully habilitated" New York State Association for Retarded Children v. Rockefeller, supra, 357 F.Supp. at 759-60, there is simply no choice but to accept the Texas placement. Pl. Findings #B(16) and (19), pp. 5 and 6.

D. Even if Their Placements Are Not Termed Involuntary, the Right to Adequate Care, Treatment and Habilitation Applies to Louisiana Children Sent to Texas Institutions by HHRA.

Even if some of the Louisiana children are not deemed to be in a Texas institution involuntarily, Louisiana still must provide them with adequate care. There is

> a constitutional right to protection from harm, even in respect to persons whose confinement was not involuntary.

New York State Association for Retarded Children v. Carey, 393 F.Supp. 715, 718 (E.D.N.Y. 1975); c.f. Inmates of Boys' Training School v. Affleck, supra, 346 F.Supp. at 1363. While Judge Judd spoke in terms of a right to protection from harm, he acknowledged that "no bright line" separates that right from the right to treatment, Id. at 719, because

> harm can result not only from neglect but from conditions which cause regression or which prevent development of an individual's capabilities.

Id. at 718.[3]

IV. THE CONFINEMENT OF LOUISIANA CHILDREN IN TEXAS INSTITUTIONS VIOLATES THEIR RIGHT TO ADEQUATE CARE, TREATMENT AND HABILITATION AND TO BE FREE FROM CRUEL AND UNUSUAL PUNISHMENT AS IT PRECLUDES FAMILY INVOLVEMENT IN THE TREATMENT PROCESS AND RENDERS IMPOSSIBLE ADEQUATE MONITORING AND SUPERVISION

A. The Goal of Institutionalization Must be to Reintegrate Children Into Their Families

The right to treatment means, in the words of Judge Johnson, that confined individuals

> have a constitutional right to receive such individual habilitation as will give each of them a realistic opportunity to lead a more useful and meaningful life and to return to society.

Wyatt v. Stickney, supra, 344 F.Supp. at 390 (Emphasis added).[4]

The principle that treatment must work towards effecting an individual's return to society is a product of the command of Jackson v. Indiana, supra, that the nature of the confinement must bear a rational relation to its purpose and also of the least restrictive alternative test which requires that the massive curtailment of an individual's liberty caused by confinement be kept at a minimum. Thus, the Fifth Circuit in Donaldson v. O'Connor, supra, recognized that the aim of treatment must be "to restore the capacity for independent community living." 493 F.2d at 513.

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[3] The fact that Louisiana does not operate these institutions directly, but rather contracts with private persons or organizations who run them does not relieve the state of its constitutional obligations. See Perez v. Sugarman, 499 F.2d 761, 765 (2d Cir. 1974). Further, Louisiana law is clear that neither ECA nor DFS may insulate itself from its constitutional responsibilities by contracting them out to private institutions. Hunter v. State Department of Hospitals, No. 164840 (Div. F, 19th Jud. Dist. Ct., Parish of East Baton Rouge, 1/5/76; (a copy of this decision is attached as Appendix A.) Vonner v. State Department of Public Welfare, 273 So.2d 252, 255 (La. 1973).

[4] Stated slightly differently, the right to treatment requires that an individual must be provided with a treatment program "that is as conducive as possible to the individual's freedom." Morales v. Turman, supra, 383 F.Supp. at 124-125.

Our society, however, neither recognizes nor allows "independent community living" on the part of children. They must be cared for and subject to the authority of adults. The only places for children to live in our society are in institutional or family settings. An institutionalized child's return to society and community life, therefore, can involve only one thing - a return to a family setting.

Underlying the constitutional command that treatment must work towards returning the confined child to his or her family is the simple psychiatric fact that a child develops best in the family setting. While an institution may have the capacity that a family lacks to provide for certain of a child's needs in the short run, only a family setting can provide the proper environment that will stimulate maximum growth in a child over the long run. Four major factors compel this conclusion.

First, a family setting provides the child with a stable environment absent, for example, from the lives of the Louisiana children sent to Texas. Children are frequently moved from Texas institution to Texas institution, losing the feelings of permanence and home so critical to optimal development. Pl. Findings, #D(13), p. 16. Not only do they not form an attachment to their Texas institution, they continue to think of Louisiana as home. As a recent report by an experienced DFS official revealed:

> [the Louisiana children placed in Texas] were literally starved for contact with someone from "home", that is, Lafayette. All of them expressed a desire that those who were familiar with them at least know that they were still around..."

Pl. Ex. 96, p. 1.

Second, the rapid turnover in employees common to most institutions deprives the child of any ability to form continuing and long-term relationships with any adults. Employees come and go, often remaining at an institution too short a time to develop a rapport with the children there. Those few employees who do remain at an institution for longer periods of time are surrounded by an aura of change. The child, never knowing when the employees are going to leave, is naturally reluctant to form a strong attachment to them. In contrast, children know that their families' bonds to them are permanent.

Third, a developing child needs, more than anything else, "passioned advocacy" on his or her behalf. The child must be made to know that he or she is unique, and must have someone willing to stand up for his or her special interests. In an institution where the child is just one of many children, the likelihood of the child perceiving him or herself as unique, or of a staff member becoming a "passioned advocate" for the child is slim.

Finally, the child's relationship to his or her family does not end abruptly when he or she attains the age of 18; yet, for Louisiana children in Texas institutions, institutionalization is so terminated. The child is returned to Louisiana (Deposition of Otto Estes, December 15, 1975, p.65), and any contacts with other children or staff that may have been formed are suddenly cut off. If the institutionalization has been anything but short-term, family contacts will have atrophied as well. Thus, at the age of 18, the now-deinstitutionalized child is likely to find him or herself alone, without family or friends to rely upon for help and comfort.

Thus, it is clear that if treatment is to have any chance to "return [children] to society" (Wyatt, supra, 344 F. Supp. at 390), it must be directed towards de-institutionalizing those children and reintegrating them into family settings.

B. Family Involvement is Essential to an Adequate Treatment Program

Experts will testify at trial that the treatment of a child cannot properly be accomplished absent continuous family involvement in that treatment. Recognizing this fact, courts have begun to acknowledge that isolating the child from his or her family is likely to be counter-productive. In the words of Judge Justice:

> Family involvement in therapy is essential to the rehabilitation of any juvenile who will return to his family upon release.

Morales v. Turman, supra 383 F.Supp. at 120.

A family's continuous involvement in its child's treatment program and life is essential to the child's eventual ability to reintegrate into the home and community for at least two central reasons. First, a child who is isolated from his or her family will lost touch with it, and they with him or her. The longer the child and family are kept apart, the more each goes its own way, developing patterns of behavior consonant with a life away from the other. When suddenly reunited those behavior patterns must abruptly be altered. As such changes are not easily made, successful reintegration is unlikely to occur. This is especially true in the case of a child who has been receiving treatment for an emotional disturbance or a developmental disability. By the time the institution is ready to release him or her, great changes may have been effected in the child's behavior.

A family that has been isolated from the child will likely be unprepared to cope with such changes. Further, since the family will have adopted a life-style of its own that does not include the child, the newly-returned child will be placed in the role of an intruder, thus creating additional psychological problems.

Second, the problems that led to the child's institutionalization are often not his or hers alone. Rather, quite frequently the parents or other members of the family have problems of their own which are integral to those of the child. See discussion at pp.10-11, supra. Removing and treating only the child in such an instance will not solve the problem, for when the child is eventually released and returned to his or her family, the family's problems which led to the child's problems will still be present. To be successful, then, treatment must extend to other members of the family as well as the child and, further, must be directed toward working with the family unit as a whole. As Judge Justice recognized:

> Clearly, ignoring the family is virtually certain to insure the failure of a treatment program, however effective it may be in other respects.
>
> Thus, recent developments in the theory and practice of social work stress treating a family as a whole instead of working separately with the child and with the parents.

Morales v. Turman, supra, 383 F.Supp. at 116.

Thus, frequent visits by the child's family are critical to the success of a treatment program. They afford a family an opportunity to maintain an ongoing involvement in all aspects of its child's life. And, just as important, they offer an opportunity to the child's therapist and counsellors to give treatment to the family unit.

In the same vein, another standard and essential component of treatment is a home visitation program. Home visits, which can be gradually increased in frequency and duration, allow the child to return gradually to the family and community. Both the child and family are thereby given an opportunity to adjust gradually to the needs and demands of the other. Home visits further allow a child to learn about family relationships and to develop in himself or herself a sense of responsibility while outside the institution. Finally, all concerned are given a more realistic view of how ready the child is for release.

The critical importance of the family to a child's proper development has been recognized by Louisiana in its requirements for licensure of child caring institutions and by Louisiana courts and institutions themselves. Thus, for example, one Louisiana institution describes its family involvement program as follows:

> Each boy maintains regular contact with his family whenever...possible....[C]ontact with the family also prevents the complete psychological break from occurring with the family or foster family with which the boy has been living. As a boy approaches termination from the home, his frequency of home visits is increased....

Madonna Manor, Submission to HHRA to Obtain Licensing Re-certification, Pl. Ex. 21, p.5;[5] see also Louisiana Minimum Requirements for License of Child Caring Institutions, Pl. Ex. 43, pp.9-10, 15; Fayard v. Fayard, 181 So. 2d 304, 307-8 (La. App. 1965); In re Hughes, 176 So. 2d 158, 164 (La. App. 1965).

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[5] The school's family involvement program also includes "integrating schooling [with] outpatient therapy for the entire family to prepare for the return of the child to his own home and community." Pl. Ex. 21, p.7.

C. Placing Louisiana Children in Texas Institutions Precludes the Family and Agency Contact Necessary to an Adequate Treatment Program

The great distance between Louisiana and the Texas institutions effectively bars families from participating in their children's treatment programs and lives. Pl. Findings, #C(8), p.8. Most of the families simply cannot afford the cost of a trip and thus are unable to visit their children Id., #C(9), pp.8-9. Despite their importance HHRA does not provide funds to families for such visits. Id. Similarly, the children rarely, if ever, go home to Louisiana. Id. #C(10), p.9 . The obstacles distance places in the path of successful treatment were noted in Morales v. Turman, supra, where experts testified that

> a juvenile facility should be no more than an hour's drive by public transportation from the juvenile's family home, which permits local contacts, frequent family visits, and the feeling that the juvenile is still a part of the family.

383 F.Supp. at 116.

Compounding the problem created by the absence of regular visits are the lack of opportunities afforded the confined children to communicate with their families in Louisiana. In fact, the children are often prohibited from making any such communication. Pl. Findings, #C(11), p.9. As a result of these policies, there are numerous Louisiana children in Texas institutions whose families are totally unaware of their children's location and progress. Id. #C(12), p.9.

In marked contrast to the circumstances surrounding institutionalization in Texas, when Louisiana children are placed in Louisiana institutions their families have the opportunity to maintain a continuous involvement in their lives and treatment. Frequent visits to the institution are feasible as are day and overnight visits home by the child. Id., #C(4), p.7. In addition, as a result of the proximity to the child's family and community, out-patient therapy for the whole family can be integrated into special schooling programs for the child. Id., #(C(6), p.8.

Contact with caseworkers is also an essential part of an effective treatment program. See Morales v. Turman, supra, 383 F.Supp. at 112-115; Martarella v. Kelly, supra, 349 F.Supp. at 586-590; Deposition of Dr. John Carrick, p.51. HHRA's capacity for providing necessary services to children placed in residential treatment differs markedly between Louisiana and Texas. When, for example, a child placed in a Louisiana institution has no family, DFS can locate a foster family for that child. Id., #C(7), p.8. It also can provide foster families with the support necessary to aid those families in assuming key roles in the children's lives. Id. In comparison, where a family-less child is in a Texas institution, neither DFS nor ECA can nor does attempt to develop a substitute family for the child. Id., #(C)(17), p.10. Nor is the burden assumed by the Texas Department of Public Welfare, which, of course, has no jursidiction over or responsibility for the Louisiana children. Id.

Similarly, when children are placed in Texas institutions, the ability of the child's caseworker or social worker to provide other services is severely circumscribed. The great distance bars caseworkers from maintaining close contact with the children, thus precluding any possibility of their assuming any role as important adult figures to the children. Id., #E(5) and (13), pp.17 and 18. Their lack of contact with the children and lack of monitoring of their progress also drastically hampers their ability to arrange alternative placements in less restrictive environments, or nearer to home. *Id.*, #E(10)-(12), pp. 17-18. In fact, HHRA makes no effort to find such an alternative placement once a child has been sent to Texas. *Id.*, #C(14), p.9. Nor does it make any effort to reintegrate the children into their families and Louisiana communities. *Id.*, #C(13), p.9. Following a special visit to Louisiana children in several Texas institutions, made to investigate reports of terrible conditions and child abuse, a DFS caseworker supervisor reported:

> Inasmuch as I have tried to convey the feeling of loneliness and abandonment that our children seem to experience, I suggest that we must relate to these feelings. I have expressed my personal feeling long before recent publicity broke out, that *our agency seems to lose essential contact with our children once they are placed out-of-state*. Any such contacts as we do have with them seem to be incidental, not on a purposeful and sustained basis. One operator mentioned that some workers simply deposit the child at the front door of the facility and leave immediately without ever seeing the facility. The child is then whisked away to his room by an employee. ... *Indeed, the children with whom I was acquainted had progressed, some perhaps enough to be considered for alternate type care. Yet, because of lack of involvement on our part, some simply linger indefinitely in these institutions*. I realize this implies dereliction on our part.

Pl. Ex. 94, p.4 (emphasis added).

In short, the great distance between the children confined in Texas institutions and their families and HHRA subverts the treatment the children have been sent away to receive. By rendering ineffectual attempts to reintegrate children into their families and communities, HHRA's practice of sending

Louisiana children to Texas institutions renders constitutionally inadequate the treatment provided the children.

D. Placing Children in Texas Institutions Renders Impossible Attempts at Adequate Supervision and Monitoring

Both DFS and ECA concede their responsibility for insuring that the children they send to Texas receive adequate care and treatment. Pl. Findings, #E(1)-(3), p.16. As indicated in footnote 3, (p.15) *supra*, neither the constitution nor Louisiana law permit them to delegate away that responsibility. Yet, the short of the matter is that DFS and ECA have very little if any idea how their children are doing in Texas. *Id*; #E(4), p.17. They neither inspect Texas institutions on any regular basis (*Id.*, #D(6) and E(5), pp.12 and 17) nor visit the children they place at those institutions. *Id.*, #E(6), p.17. Rather, they rely totally on the institutions for information about the children's progress and condition. And a recent inventory of the DFS and ECA case files reveals that there are no progress reports at all for a substantial number of the children in Texas, and infrequent and inadequate reports on the great majority of the others. *Id.*, #E(7), p.17.6/ Virtually none of the case files contain any information on whether children were involved in educational, vocational, counseling and therapy programs, the health status and physical condition of the children or their living conditions. .*Id.*, Pl. Ex. 134, Tables 9-14.

6/ During the week of December 15, 1975 plaintiffs conducted an extensive inventory of the material contained in a representative sample of children's case-files in the possession of two ECA and two DFS offices. *See* Pl. Ex. 133. Plaintiffs then developed tables summarizing the results of the file inventory. *See* Pl. Ex. 134. Louisiana state defendants have stipulated that the information contained in plaintiffs' sample is in all respects typical of the information contained in the case-files of all ECA and DFS children. *See* Facts Stipulated By Plaintiffs and Louisiana State Defendants 25-28.

Indeed, HHRA has instructed the Texas institutions that progress "report(s) need not be detailed." Id., #E(8), p.17.

The results of plaintiffs' inventory confirm a recent report by a committee named by DFS to study out-of-state placements:

> [It] is especially disconcerting when justification for continued out-of-state placement rests on a paucity of reports of questionable frenquency tendered to the agency by the various out-of-state facilities; and when considering the margin of deficiency in on-site visits by agency caseworker with children who are placed out-of-state. The question can thus be raised as to whether both the agency and the out-of-state institutions giving residential care to children are meeting their collective responsibilities in assuring that any child, placed in any out-of-state facility, for whatever initial valid reason, is receiving the benefit of on-going assessment of placement adequacy which will assure his residency in the setting most suitable for him (whether alternate out-of-state institutional placement, return to an available in-state facility, placement in an out-of-state or in-state vocational setting in some case, return to in-state foster home care, return to parents or relatives in some cases, etc.)

Pl. Ex. 97, p.43.

> Data obtained from review of sample cases point out certain weaknesses in the area of agency contacts with out-of-state facilities once children are placed out-of-state. Many facilities do not provide written evaluation reports to the agency on an ongoing basis concerning a child's progress. Relatively few deal with such essential factors as goals for the child's future, anticipated length of time continued placement will be needed, or treatment plans for a child. This level of contact is not sufficient to maintain current and accurate assessment of our children's progress.

Id., p.45.

The State's record is no better with respect to the placement process. HHRA concedes that the only criteria it employs in selecting a Texas institution are whether the institution is licensed by the Texas Department of Public Welfare (TDPW) and whether it will accept the child. Pl. Findings, #D(1), p.11. HHRA officials repeatedly have been informed by Texas licensing authorities that, under Texas licensing laws, the fact that an institution has been licensed does not in any way mean that its treatment program has been approved, or that it even has a treatment program. Id., #D(4), p.12. The HHRA officials responsible for making Texas placement decisions have also admitted they do not know the substance of Texas' licensing standards, nor do they have copies of the licenses or licensing studies of any of the Texas institutions in which they place Louisiana children. Id., # D(2) and (3), p.12.

Children placed in a Texas institution neither receive a pre-placement interview nor do they or their parents, caseworkers, and institutional counselors visit the institution. Id., #D(6), p.12. Not only are the Texas facilities selected sight unseen but HHRA has virtually no information on the programs offered by those facilities. Id., #D(7), p.13. The plain fact is that placement decisions are based solely on whether the Texas institution will take the child, not on whether it will provide the child with treatment appropriate to his or her needs.

The fruits of HHRA's wholesale abdication of its supervision and monitoring function (Id., #E(4), p.17) are sorry indeed. A great number of the children sent to Texas have been placed in institutions that have proved to be at best, wholly inappropriate to their needs, and at worst, barbaric. Id., #D(12), (F) and (G), pp.14-16, 19-22. See, e.g., Deposition of Claude Hil pp.8, 13, 17-23, 25-36, 39-55, 59-69, 72; Ex. 3 and 5. Forty-three percent of the ECA children and sixty-five percent of the DFS children have had to be transferred from institution to institution, often because of "turmoil in [the] state of Texas." Pl.

Findings, #D(13), p.16.

Thus, HHRA has totally failed to live up to its constitutional responsibility to insure, through effective supervision and monitoring, that the children it has sent away to Texas receive adequate care, treatment and habilitation.[7] As one caseworker recently put it:

> It is unfortunate that Texas has been so lax over the years in enforcement of adequate licensing regulations, in that their failure to do so has been detrimental in many ways, not only to operators and their individual facilities, but also to the children in placement in those particular facilities, and to the State of Louisiana as well since we surely have become caught up in the upheaval which has occured in recent months in that state regarding child placement institutions....we seem to literally "dump" children in far away institutions without ever maintaining contact with them.... Because of workloads, etc. however, workers only think about the plight of children in out-of-state placements but really cannot do too much about it since there is so much else to be done back at the office, in a sense.

Pl. Ex. 96, p.2. (Emphasis added.)

The real problem lies not with overworked, unconcerned, or incompentent caseworkers, but rather with the basic fact that effective supervision and monitoring simply can not be accomplished for placements hundreds of miles away in another jurisdiction. When children are placed in Louisiana, HHRA has full licensing reports and studies on each facility; its caseworkers and institutional counselors have visited each facility; and all of the children and their families receive pre-placement interviews. Pl. Findings, #D(11), pp. 13 and 14. Following such a placement, caseworkers can regularly visit the child, the facility and the family, thereby closely monitoring the child's progress and condition. Id. #E(15), p.18. If a Louisiana facility is found to be inadequate, HHRA can require it to correct its deficiencies or take action to remove its license. This kind of supervision, which is necessary if HHRA is to insure that the children it places receive adequate care, treatment, and habilitation, cannot be done for placements in Texas. Id., #E(4), p.17. [8]

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[7] The Texas Department of Public Welfare has no responsibility for and does not in any way monitor and supervise the placements of the Louisiana children sent by HHRA to Texas. Pl. Findings, #E(14), p.18.

V. HHRA's Placement Program Discriminates Against Black Children

HHRA has been sending black children to Texas institutions at a far greater rate than white children. In 1975, 15% of all white ECA children and 47% of all black ECA children were placed in Texas institutions. Although the total ECA population was only 27% black, the population placed in Texas was 54% black. Pl. Findings, #H(1), p.22; Pl. Ex. 68, Tables I, IVA, IVB. In the same year, 25% of all white ECA children and only 5% of all black ECA children were placed in non-residential care. Pl. Findings, #H(2), pp. 22 and 23; Pl. Ex. 68, Table II C.

In the case of DFS, in 1975, 22% of all white DFS children and 30% of all black DFS children were placedin Texas institutions. A black DFS child thus had a 36% greater likelihood of being placed in Texas than a white DFS child. Pl. Findings,

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[8] To avoid unnecessary duplication, plaintiffs rely on the conclusions of law of plaintiff-intervenor United States on the issues of excessive harm, unnecessary punishment, involuntary servitude, excessive physical and psychopharmacological restraints and interference with communication.

#H(3), p.23; Pl. Ex. 68, Table V. In that same year, 20% of all white mentally retarded DFS children and 38% of all black mentally retarded DFS children were placed in Texas institutions. Thus, a black mentally retarded DFS child had a 90% greater likelihood of being placed in Texas than a white mentally retarded DFS child. Pl. Findings, #H(4); Pl. Ex. 68, Table VI.[9]

Not only do black children have a much greater chance of being separated from their families and communities and sent to Texas, but, on arrival, they invariably have found themselves at the worst institutions. Following the initiation of the instant case, HHRA removed all of its children from the following eight sub-standard facilities: Texas Children's Home, Fred Days, Sunset Acres, Lullabye, Woodacres, Bagley, Peaceful Valley, and Heart of Texas. Either all or virtually all of the children sent by HHRA to these institutions were black. Pl. Findings, #H(8), pp.23-24. At the same time, HHRA has been supporting all-white facilities in Louisiana by placing and funding white children at those facilities. Id., #H(5), p.23.

HHRA officials concede that racial discrimination against black children in Louisiana has been a principal reason for sending them to Texas. Id., #H(6) and (7), p.23. Their choice of remedy, however, i.e., sending the children to Texas, is constitutionally infirm.

Thirty-eight years ago, in State of Missouri ex. rel Gaines v. Canada, 305 U.S. 337 (1938), a very similar racial discrimination case, the Supreme Court strongly emphasized the obligation of each state to carry out its responsibilities within its own borders. Missouri at that time had but one state law school, the University of Missouri, which was for whites only. Black students were sent to comparable law schools at the state universities of the four adjacent states, Kansas, Nebraska, Iowa and Illinois, with their tuition fully paid by the state of Missouri.

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[9] The 1975 ECA figures are fully consistent with those of the previous five years. Pl. Ex. 68. DFS didn't record racial data prior to 1975.

Despite the fact that Plessy v. Ferguson, 163 U.S. 537 was then the law, the Court struck down this discrimination holding that the state had to provide black students with an in-state legal education. The Court's decision was not premised on the advantages to a prospective lawyer of receiving a legal education in the state in which he or she intends to practice, the Court stating "that these matters are beside the point." 305 U.S. at 349. Rather, it was based on the nature of our federa system which requires "equality of privileges...within the state." Id. (emphasis added). As Chief Justice Hughes stated:

> Manifestly, the obligation of the State to give the protection of equal laws can be performed only where its laws operate, that is, within its own jurisdiction. It is there that the equality of legal right must be maintained. That obligation is imposed by the Constitution upon the States severally as governmental entities, - each responsible for its own laws establishing the rights and duties of persons within its borders. It is an obligation the burden of which cannot be cast by one State upon another, and no State can be excused from performance by what another State may do or fail to do. That separate responsibility of each state within its own sphere is of the essence of statehood maintained under our dual system.

305 U.S. at 350. This rationale applies equally well to the instant case.

VI. The Social Security Act Requires That Children Placed Outside Their Own Homes by IDHRA be Provided Adequate Care, Treatment and Habilitation in Such a Manner as Would Allow Them to Reintegrate Into Their Families as Soon as Possible

Section 408 of the Social Security Act provides federal reimbursement for the cost of foster care for AFDC recipients who have been placed in foster care or child-caring institutions pursuant to court order. Section 408(f)(1) of the Social Security Act requires states receiving AFDC funds to develop:

> a plan for each such child (including periodic review of the necessity for the child's being in a foster family home or childcare institution) to assure that he receives proper care and that services are provided which are designed to improve the conditions in the home from which he was removed or to otherwise make possible his being placed in the home of a relative ... ."

42 U.S.C. §608(f)(1).

Section 408(f)(1) thus requires that each child's plan include three components: (1) periodic review of the child's status to determine whether and when the child can be returned to his or her family; (2) specific program elements designed to insure proper care of the child and (3) specific services to the child's family "to improve the conditions in the home from which he was removed or to otherwise make possible his being placed in the home of a relative."

HEW regulations, promulgated pursuant to Section 408(f)(1) provide:

> Effective July 1, 1969, services must be provided for children receiving aid in the form of foster care under Title IV - part A, to:
>
> (a) Assure placement appropriate to the needs of each child.
>
> (b) Assure that the child receives proper care in such placement.
>
> (c) Determine continued appropriateness of and need for placement through periodic reviews, at least annually.
>
> (d) Improve the conditions in the home from which the child was removed , so that the child may be returned to his own home, or otherwise plan for the placement of the child in the home of other relatives, adoptive home or continued foster care, as appropriate.
>
> (e) Work with other public agencies that have responsibility for the placement and care of any such children to assure that these agencies carry out their responsibilities in accrodance with their agreement with the State agency administering or supervising the administration of AFDC.

45 C.F.R. §220.19.

Thus, like the Constitution, the Social Security Act provides that children removed from their families must be reintegrated into those families at the earliest possible time.

The legislative history of section 408 leaves no doubt that states providing foster care or institutional care for AFDC recipients must design their outside-the-home placement program in a manner that will allow for the return of the children to their own homes as quickly as possible. The provision allowing AFDC foster care payments was first introduced in 1961 in the Senate Finance Committee as a temporary amendment to other Social Security legislation. The report of the Finance Committee stated:

> The foster care provisions in your committee's bill have been designed, insofar as possible, to safeguard the rights of the child and his parents or relatives. No one takes lightly the severence, even for a brief period, of the ties between a child and parent, or somebody closely related to him.
> Sen. Rep. No. 165, 87th Cong., 1st Sess. 7 (1961).

In 1962, Section 408 was made a permanent part of the AFDC program and the section was amended to allow AFDC recipients to be placed in child-caring institutions as well as foster homes. P.L. 87-543, §§131 and 135 (1962). Prior to passage of Section 408 in permanent form, the House Ways and Means Committee held extensive hearings and took note of the Report of the Ad Hoc Committee on Public Welfare. See Hearings on H.R. 10032, Committee on Ways and Means, House of Representatives, 87th Cong., 2d Sess., Vol. 147, 65-106 (1962)(Hearings). The Ad Hoc Committee's Report emphasized that,

> modern knowledge of human behavior has clearly demonstrated the inestimable value to children of growing up in a family. In addition to the advantages to the child and to society, it also costs the community less when a child can be raised in a family instead of being placed elsewhere.

Hearings, supra, at 79.

The Committee was also aware of the Report of the Advisory Council on Child Welfare Services to the Secretary of HEW:

> Too often, mentally retarded children are separated from their families and put in institutions because of lack of specialized guidance and counseling nearby... . Many children in foster care could be in homes of their own with natural parents or with adoptive parents if skilled social agency services had been available to help the natural parent either assume the responsibility of parenthood or give up his child for adoption. Lacking this service, children lose their parents through agency neglect as well as through parental neglect.

Report of the Advisory Council on Child Welfare Services to the Secretary of Health, Education, and Welfare, pp. 39, 40 (1959). See, Hearings, supra, at 267-268.

The great majority of the children sent to Texas by HHRA are funded at least in part under the Social Security Act. Pl. Findings, #J, p.25. For the reasons stated in Section IV of this Memorandum, their placement in Texas thoroughly contravenes the Congrssional intent.

Not only does HHRA not have a specific reintegration plan for each child as required by the Act, but by placing the child in Texas, it has made reintegration virtually impossible. Not only does HHRA not periodically review each Texas placement as required by the Act, but it does no supervision and monitoring at all. The decision on whether the child needs to remain at the institution is for all practical purposes left entirely up to the institution. Pl. Findings, #E(10), pp.17-18.

Finally, HHRA not only does not try to improve conditions in the child's home, as required by the Act, but it has virtually no contact with the child's family at all. Indeed, by placing the child in Texas, HHRA has made it impossible to provide the social services required by the Act. Effective reintegration services simply cannot be provided if the parties in a divided family arenot within reasonable distance of each other.

Thus, the placement of Louisiana children in Tecas institutions with Social Security Act funds violates §408(f)(1) of the Act. 42 U.S.C. §608(f)(1).

VII. RELIEF

The Louisiana children presently in Texas must be returned to Louisiana, and all future out-of-state placements must be enjoined. The question of whether the children have a right to come home is, of course, for this court to decide, but the questions of whether the children should be returned and could be returned have already been answered by the senior officials responsible for the DFS and ECA placement programs. Otto Estes, the Director of the Division of Mental Retardation, the Division that has long been responsible for ECA,[10] has reported that while the ECA children placed in state "are generally receiving good services", the 343 ECA [children] out-of-state ... should be brought home." Pl. Ex. 42. Similarly, following a December 1974 tour of Texas facilities, Charles Yost, the DFS official in charge of all out-of-state placements, reported:

> Some of the children could have come back to Louisiana earlier if we had developed resources for them. ... We should begin to think of these institutions as treatment facilities. When a child enters there should be a tentative goal set with an estimate of how long the child should remain....When children are ready to leave we should think about returning some of them to their former foster homes, if feasible, or to some of our child caring institutions.

Pl. Ex. 110.

But while the children must be returned to Louisiana, they must not be allowed to be dumped here, as they were "dumped" in Texas. Pl. Findings, #E(13), p.18. If they are to be made whole for the harm they have suffered, they must be returned under a detailed plan which, at the very minimum, includes all of the following elements:

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[10] ECA was recently transferred from the Division of Mental Retardation to the Division of Management.

1. All children must be immediately provided with a complete professional evaluation of their educational, psychological and medical needs and a detailed individual habilitation plan must be developed for each child. These evaluations must be carried out by a team of professionals either selected by the court or selected by plaintiffs and plaintiffs-intervenor United States. Defendants must provide all services required by these plans in Louisiana. Such services include psychological and social services, occupational, physical and speech and hearing therapy, medical care, vocational training, sex education, training in self help skills and community appropriate behavior. Any services or facilities required by such habilitation plans that do not presently exist in Louisiana must be created and funded by state defendants forthwith.

2. All habilitation plans must be reviewed and redesigned at least every six months, and all changes must be fully implemented in the same manner as the original plan.

3. Defendants must place all children in the least restrictive setting possible. Listed from least to most restrictive, the settings for placement to be considered for each child must include, but not be limited to: parents or relatives, foster parents, small non-institutional community facilities (such as group homes and half-way houses), and, only in the most extreme case, institutions. Defendants may place a child in a more restrictive setting only when a less restrictive setting would be wholly unable to meet his or her treatment needs. Defendants must provide any social or supportive services that would allow a child to remain in a less restrictive setting and maximize that child's opportunity to regain his or her full personal liberty and lead a normal life.

4. To insure that the least restrictive settings can be found, defendants must spend for each child whatever is necessary to obtain such settings, at least up to the highest amount presently being spent for the placement of any child out of state.

5. Whenever a child is placed in a setting other than with a family, that placement must be close to the child's family so that they can be involved in the child's treatment program and life on a regular basis. In the event that any child does not have such a family (either biological or foster), defendants must locate and fund an appropriate foster family to fulfill this role and provide that family all necessary supportive services.

6. To the extent that any Louisiana children must remain out-of-state while defendants are creating new facilities, their present placement and any subsequent placement must be approved by the court, or, in the alternative, by plaintiffs and plaintiff-intervenor, United States. Any practice at any such facility found by the court to be inappropriate must be immediately enjoined.

7. All Louisiana children must immediately be removed from any institution found by this court to be inadequate (for reasons other than distance from the children's homes).

8. To the extent that any Louisiana child must remain out-of-state during the interim period in which defendants are creating new facilities, that child must be provided the opportunity to visit his or her family at home at least once each month and to be visited by his or her family at the institution

at least once each month. Defendants must fund these visits and make all necessary transportation arrangements. Defendants must also make counseling services available to families to prepare them for these visits and for the children's eventual return to Louisiana.

9. The provisions of paragraphs 1-5, supra, must also cover all of the members of plaintiffs' class who, since this action was filed, have been returned to Louisiana without the above safeguards.

10. A professional monitoring committee selected by the court, or, in the alternative, by plaintiffs and plaintiff-intervenor, United States, which will monitor defendants' implementation of the plan.

11. Complete reporting requirements.

VIII. CONCLUSION

For the reasons stated above, judgement should be entered for plaintiffs.

Respectfully submitted,

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March 3, 1976

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STEVEN GOODE

UNITED STATES DISTRICT COURT

FOR THE

EASTERN DISTRICT OF LOUISIANA

GARY W., et al.,
Plaintiffs,

v.

WILLIAM STEWART, et al.,
Defendants.

Civil Action
No. 74-2412

Section "C"

CERTIFICATE OF SERVICE

I hereby certify that on this day, I served the foregoing Plaintiffs' Pre-Trial Memorandum of Law on all counsel of record by causing copies to be mailed special delivery, postage prepaid to:

Louis M. Thrasher
Robert Funderburk, Jr.
Cynthia Anne Wegmann
Chester E. Darnell
James J. Thornton, Jr.
John D. Wogan
Kenneth Barron

and by mailing copies, postage pre-paid to all other counsel of record.

STEPHEN P. BERZON
Attorney for Plaintiffs

Dated: March 4, 1976

FILED
U.S. DISTRICT COURT
EASTERN DISTRICT OF LA

JUL 26 3 00 PM '76

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UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF LOUISIANA

GARY W., ET AL	*	CIVIL ACTION
VS.	*	NO. 74-2412
STATE OF LOUISIANA, ET AL	*	SECTION "C"

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RUBIN, J.

This class action comprises as plaintiffs all mentally retarded, emotionally disturbed, and other children from Louisiana who have been placed in Texas institutions either by direct action of the State of Louisiana or with financial support from the state. The plaintiffs contend that conditions in the Texas institutions violate their constitutional rights, that they have not been accorded the treatment due them under the consitution and applicable federal statutes, and, further, that the mere fact of their placement in out-of-state facilities is itself a denial of adequate treatment and therefore violates their federal statutory and constitutional rights. The plaintiffs seek their return to Louisiana and basic changes in their treatment.

The case reached trial after two years of intensive preparation. Over 47,000 pages of exhibits were introduced or referred to: over 3300 pages of testimonial depositions were introduced; and the trial occupied eleven days. The testimony of eighteen expert witnesses and sixteen fact witnesses was taken. Eighteen lawyers participated in the trial. Voluminous briefs have been filed, before and after the trial. After this annealment, there is serious dispute about only a few factual issues; however, there remains basic controversy regarding the medical, psychological and psychiatric theories that should govern state action and the constitutional and statutory issues.

I. THE CHILDREN AND THE INSTITUTIONS

The children who are plaintiffs have widely differing characteristics. Some are normal children who have been abandoned by their parents; some are normally intelligent but socially delinquent; some are emotionally disturbed; some are mentally retarded; and some are physically handicapped in varying degrees. Many of the children suffer from a combination of afflictions; for example a single child may suffer from physical disability, emotional disturbance and mental retardation. Some children in their teens are hydrocephalic, have never been toilet trained, are unable to walk and have IQ's under 20. The characterstics all the plaintiffs share are that all are children from Louisiana; all are in Texas institutions; and the State of Louisiana has played some part in their placement.

Louisiana has two state agencies that carry out its policies in the matters involved in this suit. Both are in the Louisiana Health and Human Resources Administration (LHHRA). One is the Division of Family Services (DFS), which has the temporary custody of children who have been abandoned, adjudged neglected or delinquent by juvenile courts, surrendered into DFS custody, or whose parents have contracted for services with the DFS.[1/] The second is called the Exceptional Children's Act Program (ECA); ECA provides funds to pay wholly for, or to assist parents in paying for, the care of children placed in institutions. Some of the children in the ECA program are placed pursuant to the order of a Louisiana state court; most are placed by their parents with financial assistance and various degrees of guidance from ECA. In many instances, parents find it no longer possible to care for these unfortunate children in their own homes because of the emotional, physical and financial demands of home care and the stress placed on other children by the presence of a disturbed or handicapped child in the home. Beset with these problems and their own emotional interactions, they implore state authorities for assistance.

Louisiana has several institutions and a number of other facilities designed to care for children under DFS and ECA programs. Some children are placed in Louisiana State institutions designed to care for mentally retarded or emotionally disturbed persons; some are placed in foster homes; some are placed in non-profit eleemosynary facilities operated by philanthropic or religious organizations; some remain at home and receive special out-patient care or education. But all the Louisiana facilities, public and private, together do not presently have enough space to care for all the Louisiana children who are considered by state authorities or by the children's parents to need residence elsewhere than in their family homes. Each of the state institutions has a long waiting list. The plaintiffs contend that placement of any child in an institution except as a temporary expedient deprives him per se of his federal constitutional and statutory rights. Pretermitting this, if the present program of institutional care were to be expanded to provide facilities for all Louisiana children whom their parents or state agencies deem in need of institutional care, the state would need three years or more to construct the required buildings in addition to a substantial amount of money for capital outlay. Therefore, for many years, DFS and ECA children have been placed in out-of-state institutions, a number of them in facilities located in Texas.

Children placed in Texas institutions are permitted to return home for visits at Christmas and during the summer school vacation period. Because of their own major physical and other problems, some children never return home for such visits. Others have no real home to return to. Even in cases where the child has parents interested in his welfare, it is difficult for the parent to visit the child at other times. Most of the institutions are a considerable distance from their homes. Working parents may lack funds and time to make visits. ECA has no funds to pay for parental visits. Nor are the children placed in Texas institutions visited by their case workers. The Texas institutions are licensed by the State of Texas; Louisiana authorities make no regular physical visits to or inspections of Texas institutions.[2]

There is much closer contact between LHHRA and the facilities in Louisiana. It has full licensing reports and studies on each institution. Many of its case workers and institutional counselors have visited these institutions, and none of the children are placed without a preplacement interview of the child and his family.

In February, 1976, a total of 1869 children were placed by the ECA program. 1373 were located in Louisiana. 275 were in Texas. 221 were in other states. This is considerably less than the total placed in Texas in prior years, 326 in April 1975, 354 in April 1974, and 402 in April 1973. But the total number of children placed in institutions in states other than Texas and Louisiana has increased. Thus, while the number of children placed in Texas has been reduced, the number placed in other states has increased by approximately the same amount, and the total number of Louisiana children placed out of the state has remained constant. Meanwhile the total number of children in the program has increased; it has almost doubled since April 1973, and the number placed in Louisiana facilities has risen in the same period from 497 to 1373.

In 1975, DFS placed 181 children in Texas institutions; 11 children in institutions in other states; and 523 in Louisiana facilities.

II. CONSTITUTIONAL AND STATUTORY ISSUES RELATIVE TO CHILD PLACEMENT

A. The Parties' Positions

The "DFS children" and the "ECA children" placed pursuant to a court order are obviously in state custody. The state contends that a majority of the ECA children are placed voluntarily by their parents. The United States, which has become a plaintiff-intervenor, contends with the plaintiffs that the action of these parents is only nominally voluntary: the parents do not have access to Louisiana institutions; they are beset by personal and financial problems as a result of having an unusual child in their homes; they are not able adequately to care for and treat the children in their homes; the state provides financial aid to them, and usually supplies the only information the parents have about available facilities;[3] and, in some instances, juvenile courts have required they make such placements or risk the loss of custody of their children through a juvenile court proceeding. The children have no opportunity to object to being placed in an institution, either in Texas or Louisiana. Therefore, plaintiffs and the United States both assert, the children are in fact placed in Texas by the state not by their parents acting of their own free will.

Standing on the premise that all of the children are in state custody, and hence have like rights, plaintiffs and plaintiff-intervenors urge that the state must provide each child with treatment. The primary objective of institutional treatment must be the reintegration of the children into their families and home communities. If a child has no biological family or lacks one willing to receive him, the state is required to provide a substitute family. Unless this family, natural or of the heart, is involved in the treatment and life of the child, it is impossible or at best difficult for the child to be reintegrated into home and community.

The family of a child placed in residential treatment in Louisiana has the opportunity to participate in the child's treatment program and life by visiting the child and having the child make day or overnight visits home. Even so, the plaintiffs argue, institutional treatment is undesirable. When institutional care is required, it should be afforded near the parents' home; its goal must be return of the child to the home; and the placement of the child must be in accordance with the inexorable application of "least restrictive alternative": that is, the kind of treatment that is both nearest the home and imposes the least of all possible restrictions on the child's freedom.

Therefore the plaintiffs call upon the state to provide a program based on the "least restrictive alternative." The first effort should be to rehabilitate the home environment, by providing psychological and financial assistance to parents to help them resolve their domestic and personal problems, cope with their emotional conflicts, and welcome and care for the child. To the extent necessary, day care institutions should be provided, offering as much therapy and education as the child requires or can assimilate. These day care centers would also provide daily relief for the children's families. If a child does require residential care elsewhere than the home, the state should attempt to provide it first in a foster home and accord that foster home the supportive services that may be needed to enable it to supply proper care for the child; if a foster home is not successful, residential care in a group home, that is,a homelike environment for a relatively small number of children, is to be provided as close to the parents' home as possible. When these are not successful or feasible, and institutional care is needed, it must be offered in an institution in Louisiana and close to the parental home. These theses were set forth by many well qualified experts; they are supported by most current literature relating to mentally retarded and emotionally disturbed children.

Although all of the experts who testified agree that this kind of program would be desirable for most of the children involved, a number of the experts called by the defendants disagreed with some aspects of it. Some of the state's expert witnesses believed that some children require institutional care either temporarily or for their entire lives; they thought that, for these children, institutional care is therapeutically beneficial. They thus disagreed with the thesis that institutionalization is per se baneful. They testified that some children suffer no harmful effect by residing a long distance from their parents; and thus they differed with the proposition that therapy must be offered near the child's home. Some of the children are so profoundly retarded or handicapped that they can never be expected to return home. But even these experts agree that many, likely most, of the plaintiffs could benefit to some degree by the kind of program sought by their counsel.

The postulate on which relief is initially sought is that sending any Louisiana child to any Texas institution violates rights guaranteed to that child by the Fourteenth Amendment and the Social Security Act. The case raises many other issues and this initial focus on one of them is not intended to be simplistic, but the single issue thus framed lies at the heart of the suit and should be considered at the outset.

B. The Right to Care and Treatment

Involuntary institutional confinement of any person, adult or child, entails a "massive curtailment of liberty," Humphrey v. Cady, 1972, 405 U.S. 504, 509. Such institutionalization stigmatizes those confined and may at times exceed even criminal incarceration in its destructive impact on an individual's personal freedoms. Donaldson v. O'Conner, 5th Cir. 1974, 493 F.2d 507, 520, vacated and remanded, 1975, 422 U.S. 563. The due process clause permits this kind of interference with the liberty of a human being only if it can be justified by some permissible governmental interest. Wyatt v. Aderholt, 5th Cir.1974, 503 F.2d 1305, 1312; Donaldson v. O'Connor, supra, 493 F.2d at 520. Long-term detention of an individual is ordinarily a denial of due process except when he has been proved, in a proceeding subject to the rigorous constitutional limitations of the due process clause and the Bill of Rights, to have committed a specific act defined as an offense against the state, and for which incarceration is permitted for a fixed term only. If an individual, adult or child, healthy or ill, is confined by the government for some reason other than his commission of a criminal offense, the state must provide some benefit to the individual in return for the deprivation of his liberty. Thus,

> (W)hen the three central limitations on the government's power to detain - that detention be in retribution for a specific offense, that it be limited to a fixed term, and that it be permitted after a proceeding where fundamental procedural safeguards are observed - are absent, there must be a quid pro quo extended by the government to justify confinement.

Donaldson v. O'Connor, supra, 493 F.2d at 522.

That *quid pro quo* is care or treatment of the kind required to achieve the purpose of confinement. Thus where hospitalization for illness is imposed, treatment for that illness is required. If this requirement is not met, hospitalization is "equivalent to placement in a penitentiary where one could be held indefinitely for no convicted offense." Ragsdale v. Overholser, D.C. Cir. 1960, 281 F.2d 943, 950, Fahy, J., concurring. See also, Welsch v. Likins, D.Minn. 1974, 373 F. Supp., 487, 497; Donaldson v. O'Connor, supra, 493 F.2d at 522 n.22.

Though the term "least restrictive setting" is more a slogan than a constitutional imperative, it does serve as a convenient way to sum up the standard applicable to all governmental restrictions on fundamental personal liberties, as set forth in Shelton v. Tucker, 1960, 364 U.S. 479, 488:

> ...[E]ven though the governmental purpose be legitimate and substantial, that purpose cannot be pursued by means that broadly stifle fundamental personal liberties when the end can be more narrowly achieved. The breadth of legislative abridgement must be viewed in light of less drastic means for achieving the same basic purpose.

This mandate was applied to confinement of the adult mentally retarded, civilly committed to a state institution, in Donaldson v. O'Connor, 5th Cir. 1974, 493 F.2d 507 (a suit for damages for failure over a 14½ year period to treat adequately a person diagonosed as "paranoid schizophrenic") and in Wyatt v. Aderholt, 5th Cir. 1974, 503 F.2d 1305, (the appellate review of the decree in *Wyatt v. Stickney*, M.D. Ala. 1972, 344 F. Supp. 373, and 344 F.Supp. 387, dealing with the institutional standards for care and treatment of civilly committed adults in a single state institution). In Wyatt v. Aderholt the controlling principle was stated:

> In *Donaldson*, we held that civilly committed mental patients have a constitutional right to such individual treatment as will help each of them to be cured or to improve his or her mental condition. We reasoned that the only permissible justification for civil commitment, and for the massive abridgments of constitutionally protected liberties it entails, were the danger posed by the individual committed to himself or to

> others, or the individual's need for treatment and care. We held that where the justification for commitment was treatment, it offended the fundamentals of due process if treatment were not in fact provided; and we held that where the justification was the danger to self or to others, then treatment had to be provided as the *quid pro quo* society had to pay as the price of the extra safety it derived from the denial of individuals' liberty. 503 F.2d at 1312.

The argument was made in *Wyatt v. Aderholt*, as it is here, that it is in some instances an act of mercy for the state to give a child better custodial care than it could receive at home and to relieve "the 'burden' imposed upon the families and friends of the mentally disabled." 503 F.2d at 1313. No compassionate human being could fail to be moved by the plight of the children who are plaintiffs. Nor can that tragedy be viewed in isolation as the child's alone. For in many instances, the child's family is wrenched by the calamity. There is interaction between family and child, child and family, so intricately entwined that the family's disorder heightens the child's, and the child's plight rends the family. Unable to care for the child, parents are willing, sometimes eager, to have the child placed elsewhere if only to obtain the adequate custodial care that they can no longer manage to provide.

But, "the 'need to care' for the mentally ill - - and to relieve their families, friends, or guardians of the burdens of doing so" cannot "supply a constitutional basis for civil commitment." Wyatt v. Aderholt, 503 F.2d at 1313.[4/] The civil commitment of any person rests on what is labelled in Wyatt v. Stickney, supra, as,

> ...the *quid pro quo* concept of rehabilitative treatment, or, where rehabilitation is impossible, minimally adequate habilitation and care, beyond the subsistence level custodial care that would be provided in a penitentiary.

The Supreme Court said over 50 years ago in Meyer v. Nebraska, 1923, 262 U.S. 390, 401-2, "For the welfare of his Ideal Commonwealth, Plato suggested a law which should provide

...(that) 'the offspring of the inferior, or of the better when they chance to be deformed, will be put in some mysterious, unknown place, as they should be,' " but such ideas could not be imposed by "any legislature ... without doing violence to both letter and spirit of the Constitution." Id at 401-402. Thus, when the state chooses, for the most humane motives, to offer or require institutional confinement of a person, it must consider means that are capable of achieving its purposes in ways that are least stifling to personal liberty, and it must offer a therapeutic consideration, a *quid pro quo*, for the deprivation.

But the imperative that least drastic means be considered does not imply a constitutional right on the part of every individual to a personal judicial determination that the means being employed to improve his condition are the best possible or the least restrictive conceivable. What is required is that the state give thoughtful consideration to the needs of the individual, treating him constructively and in accordance with his own situation, rather than automatically placing in institutions, perhaps far from home and perhaps forever, all for whom families cannot care and all who are rejected by family or society.

Similarly, the constitutional right to some *quid pro quo* does not imply a right to the *best* treatment available, any more than the right to counsel means the right to the nation's foremost trial lawyer. Logic, economics, and the scarcity of human resources make it impossible to supply the finest to everyone. Nor are courts, or child rehabilitation experts, however skilled, equipped to determine infallibly what is optimum. The *quid pro quo* the state must provide is treatment based on expert advice reasonably designed to effect the purposes of state action. Thus, in Wyatt v. Aderholt, supra,

> (T)he plaintiffs here do not seek to *guarantee* that all patients will receive all the treatment they need or that may be appropriate to them. They

> seek only to ensure that conditions in the state institutions will be such that the patients confined there will have a chance to receive adequate treatment. 503 F.2d at 1317. (Emphasis in original.)

It has been asserted, "among professionals in the behavioral disciplines, there is virtually unanimous condemnation of large scale state child-caring institutions and equal support of community services to children that do not rigidly segregate them by imposing either geographic distance or pejorative labels on them." Burt, Developing Constitutional Rights Of, In, And For Children, 1975, 39 Law and Contemporary Problems 118, 138. "This critique," Dr. Burt continues, "has met powerful resistance from many sources - from legislators who are unwilling to appropriate new funds or to abandon the capital investments in mammoth existing buildings; from specialized professionals who have built their careers either in serving these 'special children' or in refusing to serve them because they were not 'normal'; and from parents who find relief from the burdens of their difficult children by consigning them to state institutions." Ibid.

Thus, although their position is considered based on self-interest, some "specialized professionals" resist the theses advanced by plaintiffs. It is further indicative of opinion differences in this area that Dr. Burt considers that the problem should not be approached on the basis of the constitutional right to treatment. He considers, "the retardate institution does, in its present guise efficiently accomplish one purpose -- to hide from sight abnormal and frightening children." Id at 139. Yet virtually all the experts in the present case agreed that some children in the plaintiff class must for therapeutic reasons be placed in institutional settings. The differences relate to the scale and type of institution, the goals of treatment, and methods of achieving them.

Even if it is assumed that the ideal is capable of determination, to afford every member of the plaintiff class that kind and quality of care that is model would require far more than the relief accorded in *Wyatt*. There the court adopted the thesis that no adult should be civilly committed to a single overcrowded Alabama institution if services and programs in the community "can afford *adequate* habilitation to such person." (Emphasis supplied.) 344 F. Supp at 396. Corollary to that the court required that "[r]esidents shall have a right to the *least restrictive conditions* necessary to achieve the purpose of habilitation." Id. (Emphasis supplied.)

The phrase thus used is here sought to be expanded into a declaration far broader than that the United States Constitution forbids the commitment of any child to an institution under any program for any purpose unless other methods are inadequate; the plaintiffs seek a determination that the goal of institutional care must be return of the child to home and community and thus the child [illegible] (a) not be committed to an institution in Texas (and, of course, by inference that precludes commitment to any out-of-state institution); (b) be committed to an institution near the child's home (and then only if no other program can be found); (c) not be committed to a large state institution.

Many of the plaintiff's expert witnesses presented what I considered sound expositions of what is presently known concerning the most desirable ways to treat children. But, just as "The Fourteenth Amendment does not enact Mr. Herbert Spencer's Social Statics," Lochner v. N.Y., 1905, 198 U.S. 45 (Holmes, J., dissenting) it does not codify current psychological theories concerning child development or the treatment of the mentally retarded.

In developing the substantive requirements implicit in the constitutional mandate of due process, courts must be careful not to impose inexorable bonds that incorporate judicial sentiments, however noble, or contemporary theories, whether social, economic, medical or psychological. Even though the constitution's precepts are evolutionary, it is after all a constitution, and not a textbook that can be revised periodically. "In such circumstances, the judiciary is well advised to refrain from imposing on the state inflexible constitutional restraints that could circumvent or handicap the continuing research and experimentation so vital to finding even partial solutions to educational problems and to keeping abreast of ever changing conditions." San Antonio Independent School District v. Rodriguez, 1972, 411 U.S. 42. The same precept applies to problems of child habilitation.

Highly qualified persons, fully trained and experienced in treating mentally retarded, physically handicapped and delinquent children, may differ, as the testimony in this case makes clear, on the basic standards of treatment and their application to an individual child. New treatment methods are attempted; sometimes they succeed, but sometimes they fail. The constitutional right to treatment is a right to a program of treatment that affords the individual a reasonable chance to acquire and maintain those life skills that enable him to cope as effectively as his own capacities permit with the demands of his own person and of his environment and to raise the level of his physical, mental and social efficiency.[5/]

Those who have read carefully Judge Johnson's perceptive opinion in Wyatt v. Stickney, supra, will recognize that I have altered somewhat the wording of the standard for "habilitation" set forth by him. I do so advisedly but not by way of demonstrating a difference in view. That case dealt with one kind of person only, - the adult mentally retarded. The individual variations within that group may be great but they do not approach the differences in the various children who comprise the plaintiff class. There is a vast difference between a child who has average intellegence or is only slightly retarded but is socially delinquent and one who not only has an I.Q. below 20 but also suffers severe physical disability and emotional problems. One prescription will not suffice for all. What the constitution requires as the state's due to the individual it confines is a program that is proper for that individual. Accordingly, the decree will require the development of a treatment plan for each individual child, and will set forth some basic standards for the development of that plan.

But the a priori thesis that Texas and all other states than Louisiana are tainted must be rejected. Each child must receive proper care wherever that child is placed. What is proper must be determined separately for each child based on that child's personal attributes and needs. What is proper for a particular child includes consideration not only of whether the child should be placed in an institution or treated in the community; it also includes consideration of the kind and geographic location of the institution or place of treatment. Louisiana has announced its intention that all children who are not being treated in the state will be returned as soon as possible. Except where a child's treatment program requires it, automatic and immediate return of each child to Louisiana is not a specific. The persons preparing the treatment plans for each child will be required to consider the least restrictive alternative for that child, but the state will not be required to develop an entire new system of facilities to implement the plans.

Each of the children will be returned to Louisiana for preparation of a treatment plan. Plaintiffs' counsel seeks to have the court impose special restrictions on the return of any child to a Texas (hence, by implication, to any out-of-state) facility so that this could not be done unless it were shown to be in that child's "individual best interest." This would likely preclude the placement of any child out-of-state, and would inevitably lead to what plaintiff's counsel have accurately characterized as "dumping" the children somewhere in Louisiana. There are, as the evidence makes clear, insufficient facilities in Louisiana now to care for all the children. A survey of facilities will be required. In the meanwhile humane care and treatment for the children will be ordered. Adopting a suggestion made in the state's brief, the state defendants will be required to provide proper care and treatment for the children in the best available environment.

C. Which Plaintiffs Have the Right

All of the children who have been committed under the ECA program receive ECA assistance. That program is supported by federal funds and is subject to the requirements of the Social Security Act. Section 408 of the Social Security Act provides federal reimbursement for the cost of foster care for AFDC recipients who have been placed in foster care or child-caring institutions pursuant to court order. Section 408(f)(1) of the Social Security Act requires states receiving AFDC funds to develop:

> " a plan for each child (including periodic review of the necessity for the child's being in a foster family home or childcare institution) to assure that he receives proper care and that services are provided which are designed to improve the conditions in the home from which he was removed or to otherwise make possible his being placed in the home of a relative... ."

42 U.S.C. §608(f)(1).

The standard adopted by the statute is "proper care." These words in the statute appear to mean the same kind of *quid pro quo* that the constitution requires for children committed by state action. Children whose placement is subject to the mandate of the Social Security Act are guaranteed the proper care that the constitution requires for those in state custody.[6]

Before proceeding to outline a decree that incorporates these standards, we must consider other issues in this particular case that affect the decree.

III. MISTREATMENT AND MISPLACEMENT

Louisiana has in recent years greatly expanded its institutions and programs for children in the plaintiff class and the others of like characteristics who remain in the state or have been sent to states other than Texas. At a time when the state approaches a financial crisis, it has constantly increased its expenditures for these programs. While Louisiana's thesis concerning what the constitution requires in the way of treatment differs from the view here taken, the state has as a matter of official policy sought at least to provide humane custodial care for every child in all of the programs involved in this case.

But it should come as no surprise to any observer of bureaucracy in operation, public or private, that Louisiana's program has on occasion functioned badly. Thus in many instances, Louisiana children have been placed in Texas institutions inappropriate to the needs of the particular child involved.[7/] In many other instances, children in some Texas institutions have been physically mistreated. Partly as a result of the filing of this suit, children have been removed from a number of Texas institutions where abuses had occurred. However, children remain in other institutions where the plaintiffs contend they suffer unnecessary punishment, excessive physical and psychopharmocological restraints, and interference with their freedom of communication with their parents and others. The institutions involved are dealt with specifically in Appendix A. The decree will deal separately with each institution based on the conclusions reached with respect to it.

IV. RACIAL DISCRIMINATION

Black children are placed in Texas institutions at a disproportionately higher rate than white children. The evidence does not indicate that this is a result either of conscious discrimination or intentional state action. Instead, it reflects the fact that privately operated institutions in Louisiana accept disproportionately higher numbers of white children or refuse to accept proportionate numbers of black children. Some privately run Louisiana facilities at which BCA children are placed are racially segregated. The result is that a larger proportion of black children remain to be placed out of the state.

All of the Louisiana children placed at several Texas institutions are black,[8/] and virtually all of the children placed at other institutions are black. The problem of racial separation at some of these institutions was ended when, after institution of this suit, the Louisiana children were removed, not to eliminate racial discrimination but because the facilities were providing inadequate care. It appears to be necessary, however, to formulate standards that will assure that Louisiana's contracts with private agencies protect against racial discrimination, just as its policies in state-run programs already do.

V. DISCRIMINATION AGAINST LOUISIANA INSTITUTIONS

The Texas institutions at which Louisiana children are placed are privately run, in most instances for profit. The board rate paid by LHHRA to residental facilities in Louisiana is much less than the rate paid to Texas residential facilities. As we have seen, the publicly run Louisiana institutions cannot accomodate all of the children requiring care. There are a number of privately run Louisiana institutions, all of them non-profit, operated by eleemosynary or philanthropic agencies that have accepted children like those in the plaintiff class and would accept more if they were adequately compensated. Some children are placed in foster homes in Louisiana. The rate paid foster parents is much less than the cost of care for the child. More foster persons would accept children if the amount paid them were adequate.

Yet, despite the shortage of facilities in Louisiana, the economic theory that supply will respond to demand is being ignored and, in some sort of anti-parochialism, LHHRA is paying Texas institutions far more than it is paying Louisiana institutions. The private suppliers of every kind of Louisiana residential program are being paid less than the cost of the program they supply, and less than is being paid to Texas profit-making institutions.

This discrimination against local interests is not explained anywhere in the state's evidence. Some effort is made to account for part of it on the basis that the Texas institutions accept children who need more extensive care. But the evidence satisfies me that Louisiana institutions would accomodate children who are hard to care for if they were not required to do so at a loss. The low board rate paid Louisiana facilities has discouraged the establishment of new child facilities and has limited the availability of in-state placement.[9/]

The Louisiana institutions are not parties to this suit. But the decree will incorporate standards for paying them because the children's habilitation plans cannot be implemented unless placement in Louisiana is at least no more onerous than placement out of the state.

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The court has formulated proposed standards in Appendix B. Since the parties have not had a chance specifically to consider these, a hearing will be held to consider opposition to any part of them, as well as suggestions for their improvement and any issues pertaining to attorney's fees. Thereafter a decree will be entered. That decree will:

A. reserve jurisdiction of this cause;

B. differentiate immediate and long range programs;

C. require the defendants to file reports by the first of August and first of February each year hereafter reflecting conditions at the end of June and the end of December respectively, reflecting in detail the progress on the implementation of this order;

D. enjoin the defendants from failing to implement fully and with dispatch each of the standards set forth in Appendix B.

New Orleans, Louisiana
July 26, 1976

UNITED STATES DISTRICT JUDGE

FOOTNOTES
74-2412

1/ In 1975, 4701 children were in DFS custody: 4296 (91%) had been adjudged dependent or neglected by Louisiana Courts; 232 (5%) were abandoned or surrendered to DFS; and 173 (4%) had been placed in DFS custody by contract with their parents. In 1975, 181 DFS children were in Texas institutions.

2/ Some of the children involved are from Orleans Parish and are placed as a result of action by the Orleans Parish Department of Probation. It relies entirely on ECA and DFS to provide it with information and guide its decisions.

3/ ECA does make placement arrangements. Many parents do not have personal knowledge of available facilities, or sufficient resources to make pre-placement visits to investigate distant institutions, and ECA frequently advises parents that a certain Texas facility, named by ECA, is the only ECA placement available for their child.

4/ Reflection will demonstrate that constitutional rights may not be abridged by government action on the basis that at least the individual is "better off" than he would otherwise have been. Confinement is proscribed even though the committed person lived a life outside the institution that was even worse.

5/ Compare the decree in Wyatt v. Stickney, 344 F. Supp. 387 at 389 n.1, defining the constitutional right as the right "to receive such individual treatment as [would] give each of them a realistic opportunity to be cured or to improve his or her mental conditions."

6/ Hence it is unnecessary to reach the issue whether by constitutional standards all children in the ECA program are involuntarily committed; this was dealt with in Wyatt v. Stickney, 344 F. Supp. at 390 n.5, as follows:

> The Court will deal in this decree only with residents involuntarily committed to Partlow because no evidence has been adduced tending to demonstrate that any resident is voluntarily confined in that institution. The Court will presume, therefore, that every resident of Partlow is entitled to constitutionally minimum habilitation. The burden falls squarely upon the institution to prove that a particular resident has not been involuntarily committed, and only if defendants satisfy this difficult burden of proof will the Court be confronted with whether the voluntarily committed resident has a right to habilitation.

7/ These include Texas Children's Home, Fred Day's Home for Children, Sunset Acres, Lullabye Children's Home.

8/ These include Woodacres, Bayley, Peaceful Valley, and Heart of Texas.

9/ Indeed the court does not perceive why, if private institutions for profit can be operated in Texas, they could not be run here on the same basis. If the standards of care are the same in Texas as in Louisiana, then it should cost no more to operate the institutions in Louisiana, and the fee that yields a profit in Texas ought to yield a profit here. But there is no evidence on the issue and the court is left to speculate whether standards are lower in Texas, wages and expenses are lower there, entrepreneureal initiative is greatter there, or there is some other reason why privately run institutions offer these services in Texas but, apparently, not in Louisiana.

APPENDIX A

PARTICULAR INSTITUTIONS

A. BAGLEY HOME FOR CHILDREN lacks staff in sufficient numbers to insure the safety of residents. Its staff is not adequately trained. Unsafe practices are followed in storing and administering medicine. Medications are changed by the administration without medical consultation. Mentally retarded children are cared for by other mentally retarded children. There are PRN (pro re nata, "according to need," i.e., ward attendants are given discretion to administer changes as they deem necessary) restraint orders for most residents. There is no program to provide physical care and stimulation for children who are not able to walk. Medical care and dental care are sporadic and inadequate. The institution does not meet minimal fire safety standards. The State has properly acted of its own volition to remove all Louisiana children from this institution. Since the State has indicated that it will not send any Louisiana children there in the future, no injunctive order is necessary.

B. BALCONES CHILDREN'S PSYCHIATRIC CENTER has failed to meet a number of licensing standards of the Texas Department of Public Welfare. There are serious deficiencies in physical conditions at this institution, including inadequate facilities for plumbing and heating. These create a health hazard for residents. Medical services are deficient. Residents have been subjected to inappropriate forms of punishment. No more Louisiana children may be sent to this institution and all Louisiana children now residing there must be removed as soon as practicable. (The latest communication from the state to the court indicates that, by June 20, the four children previously in this institution had been removed.)

C. BARTLEY WOODS HOUSE has violated 25 of the licensing standards used by Texas authorities, including standards governing maintenance of physical plant, medicine control, food preparation, and food storage. The Fannin County Juvenile Court prohibited further use of this facility for housing of children within its jurisdiction. Patients have been tied, handcuffed or chained together to fixtures or furniture as a means of control and descipline. Only four Louisiana children are presently in this institution. Since the State has stipulated that it will remove these children as soon as possible and that it will not send any other Louisiana children there in the future, no injunctive order is necessary.

D. BEAUMONT REMEDIAL CENTER is located in a five-story building. The principal objection seems to be the institutional setting. It is well staffed, and has a good educational program. It offers treatment programs designed to meet the needs of learning disabled children. Some of the witnesses criticized the medical model of the program and some of its disciplinary aspects, but, on the whole, the institution appears to be an adequate one. As soon as individual rehabilitation plans are developed, children should be given therapy in accordance with these plans. These plans may or may not include treatment at this Texas institution.

E. CHILDREN'S COTTAGE: The Administrator has abused children by hitting them with her hand or a soup ladle and by tying one child to her bed and keeping her in a high chair all day. The staff members are authorized by the administrators to strike children. Medical practices are unsafe and the level of dental and medical care is inadequate. It lacks a trained staff necessary to provide a safe, humane environment. There are no Louisiana children presently in this institution. Since the State has indicated that it will not send any Louisiana children there in the future, no injunctive order is necessary.

F. DILLIANS HOME: There were blind and deaf children in the facility for whom there was no special program. In general, however, the institution appears to meet minimal standards. Once individual habilitation programs are developed, it should be able to comply with them. Therefore there appears to be no reason to require removal of children from this facility.

G. DYER VOCATIONAL TRAINING CENTER: Approximately 100 Louisiana children are residents at the Dyer Center. All of them are mentally retarded, some profoundly. There is some evidence that the population of this Texas institution is entirely from Louisiana. There was excessive use of psychotropic drugs to control residents. Children placed at this center are not offered training in such elementary matters as self feeding. As a result, some of the children actually regress. There is something of a habilitation program at Dyer but it is not adequate. The facilities appear to be humane; the main problems at the institution are its isolation and its lack of adequate programs.

In view of the large number of children at the Center, and the likelihood they cannot immediately be accomodated elsewhere, the following relief appears appropriate:

1. No additional Louisiana children shall be placed at Dyer Center.

2. As soon as practical, consistent with the other placements required by this order, Louisiana children shall be removed; the State shall formulate and present a program for orderly removal of the children from the institution within 30 days.

3. In the meanwhile individual treatment to Louisiana children shall be afforded in accordance with each child's individual treatment plans, as these are developed

H. EAST TEXAS GUIDANCE AND ACHIEVEMENT CENTER: This has two separate campuses, known as Stone Oak (for boys) and Pine Wood (primarily for girls). The report of the government's expert criticizes these campuses on the basis that the children are not given an opportunity to learn housekeeping and how to wash their own clothes, and the girls did not help in cooking. Yet, requiring such work was criticized by other experts as involuntary servitude. The staff's educational qualifications were considered unacceptable. Treatment facilities were considered inadequate. The comment of the government expert is, "It's a nice place to live and there are fun activities to engage in." As soon as individual rehabilitation plans are developed, children should be given therapy in accordance with these plans. These plans may or may not include treatment at this Texas institution.

I. GERTRUDE THOMAS HOME has some children who are in the condition called spasticity by one expert. The children's muscles have tightened, and their legs are drawn up. In some instances, their arms remain partially flexed permanently. Unless extraordinary extension techniques are provided, their limbs become fixed in these positions; yet children who are ambulatory or who have some pre-ambulatory skills are confined to cribs. Children are not provided with minimum physical therapy programs, and stimulation necessary to prevent or ameliorate their physical disabilities. Indeed, the institution lacks the staff necessary to provide an adequate program. The building has certain fire hazards. In essence, the institution is now providing merely physical care, feeding the children, bathing them, and providing a bed. Children are fed while they are lying down and this creates a hazard to their health. Therefore:

1. All children will be placed in a sitting position for feeding commencing at once.

2. As soon as practical, consistent with the other placements required by this order, Louisiana children shall be removed; the State shall formulate and present a program for orderly removal of the children from the institution within 30 days.

3. In the meanwhile individual treatment to Louisiana children shall be afforded in accordance with each child's individual treatment plans, as these are developed.

J. HEART OF TEXAS CHILDREN'S HOME confined some children to their cribs as virtual cages. There was no toilet training program, no structured programs and inadequate case supervision. On occasion medicines were dispensed by untrained personnel, such as the cook. Children were restrained without medical orders and without substantial therapeutic purpose. The institution did not comply with fire safety standards. The State has properly acted of its own volition to remove all Louisiana children from this institution. Since the State has indicated that it will not send any Louisiana children there in the future, no injunctive order is necessary.

K. JONES CHILDREN'S HAVEN HOSPITAL confined a number of children to their cribs. Children were restrained for purposes of control without therapeutic justification and without proper medical orders. The level of care was substandard and some children were treated abusively. The number and training of the staff was inadequate to provide proper care to protect children from other children. Some of the feeding practices constituted a health threat. The State has properly acted of its own volition to remove all Louisiana children from this institution. Since the State has indicated that it will not send any Louisiana children there in the future, no injunctive order is necessary.

L. LULLABYE CHILDREN'S HOME failed to provide a safe, adequate level of medical care. There was inadequate physical care and insufficient stimulation was offered to residents to prevent or ameliorate their physical disabilities. The facilities did not meet fire safety standards. The State has properly acted of its own volition to remove all Louisiana children from this institution. Since the State has indicated that it will not send any Louisiana children there in the future, no injunctive order is necessary.

M. MARY LEE SCHOOL is a qualified mental health hospital. It has never been criticized by any accrediting or licensing agency. It has been inspected on many occasions by many agencies and has been found adequate. It employs an adequate medical director and offers a satisfactory treatment program. The major criticism that is leveled at the school relates to alleged excessive drug usage. Since, however, all drugs administered are prescribed by physicians, it appears inappropriate at this time, prior to the development of individual rehabilitation plans, to substitute my judgment for that of the doctors. As soon as individual rehabilation plans are developed, children should be given therapy in accordance with these plans. These plans may or may not include treatment at this Texas institution.

N. NEW HORIZONS is located in a sparsely settled region near Goldthwaite, Texas. The children live in cabins, each holding eight or fewer residents. The teaching that is provided is of good quality but primarily vocational. The government's expert who inspected the institution was "favorably impressed with the way child care workers were assigned," and his observations indicated there was good supervision of the children. Medication was not a major component of the treatment program, and only a few children receive medication. As soon as individual rehabilitation plans are developed, children should be given therapy in accordance with these plans. These plans may or may not include treatment at this Texas institution.

O. SUMMIT OAKS ACHIEVEMENT CENTER, INC. consists of four separate, self-contained campuses. While some of the bedrooms have been criticized, the living quarters in general were considered satisfactory. The program staff was considered "minimally adequate." Custodial care appeared to be satisfactory although, in the opinion of the government's experts, it consisted primarily of pleasant living conditions and, attention and affection from the staff. In effect, no therapeutic treatment was going on.

Hence, as the government expert testified, "once a child was placed there, it was a pretty good place to live." As soon as individual rehabilitation plans are developed, children should be given therapy in accordance with these plans. These plans may or may not include treatment at this Texas institution.

P. HARRIS COUNTY CHILDREN'S HOME
FRED DAY'S HOME FOR EXCEPTIONAL CHILDREN
PEACEFUL VALLEY CHILDREN'S HOME
ROLLING CREEK MANOR
SUNSET ACRES CHILDREN'S HOME
TEXAS CHILDREN'S HOME
WOOD ACRES

It is unnecessary to review the facts with respect to these institutions. Each appears to have offered inadequate care. The State has properly acted of its own volition to remove all Louisiana children from these institutions. Since the State has indicated that it will not send any Louisiana children there in the future, no injunctive order is necessary.

TABLE 1

ECA FILE INVENTORY OF LOUISIANA CHILDREN IN TEXAS INSTITUTIONS:

ECA EFFORTS AT LOUISIANA PLACEMENTS

ECA Office	# children in sample	# children ECA attempted to place in private facilities in Louisiana prior to placement in Texas[1]	%
Hammond	30	7	23%
Belle Chase	35	10	29%
ECA Total	65	17	26%

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[1] The files do not reveal any ECA attempt to place these children in single-family foster homes.

TABLE 2

DFS FILE INVENTORY OF LOUISIANA CHILDREN IN TEXAS INSTITUTIONS:

DFS EFFORTS AT LOUISIANA PLACEMENTS

DFS Office	# children in sample	# children DFS attempted to place in private or state facilities in Louisiana prior to placement in Texas	%
Baton Rouge	20	12	60%
New Orleans	26	18	69%
DFS Total	46	30	65%

TABLE 3

ECA FILE INVENTORY OF LOUISIANA CHILDREN IN TEXAS INSTITUTIONS:

ECA CONTACTS WITH FAMILIES OR FOSTER FAMILIES WHILE CHILDREN ARE IN TEXAS

ECA Office	# children in sample	# children whose families or foster families were informed by ECA of children's adjustment after their placement in Texas[1]	%
Hammond	30	4	13%
Belle Chase	35	3	8%
ECA Total	65	7	11%

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[1] The files do not reveal that ECA made any contacts with families or foster families to request permission for children to visit their families in Louisiana, to make payments for such visits, or to provide supportive services to the families (e.g., counseling or day care) for such visits. In addition, the files do not show any contacts with families concerning the permanent return of the children to their homes or to Louisiana placements.

TABLE 4

DFS FILE INVENTORY OF LOUISIANA CHILDREN IN TEXAS INSTITUTIONS:

DFS CONTACTS WITH FAMILIES OR FOSTER FAMILIES WHILE CHILDREN ARE IN TEXAS

DFS Office	# children in sample	# children whose families or foster families were informed by DFS of children's adjustment after their placement in Texas	%	# children whose families or foster families were contacted by DFS to request permission for the children to visit their families in Louisiana[1]	%	# children whose families or foster families were contacted by DFS to plan for the permanent return of the children to their homes or to Louisiana placements[2]	%
Baton Rouge	20	9	45%	12	60%	0	--
New Orleans	26	6	23%	9	35%	2	8%
DFS Total	46	15	33%	21	46%	2	4%

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[1] In none of these cases did the files reveal that DFS offered payment for the cost of visits home.

[2] In none of these cases did the files reveal that DFS offered to provide families with any supportive services, training, assistance or other preparation for the children's permanent return to Louisiana.

TABLE 5 ECA FILE INVENTORY OF LOUISIANA CHILDREN IN TEXAS INSTITUTIONS:

ECA CONTACTS WITH CHILDREN IN TEXAS INSTITUTIONS

ECA Office	# children in sample	# children in Texas with whom ECA case worker corresponded[1]	%
Hammond	30	0	--
Belle Chase	35	2	6 %
ECA Total	65	2	3 %

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[1] The files did not reveal any other contacts of any kind, including visits, between children in Texas and ECA case workers.

TABLE 6

DFS FILE INVENTORY OF LOUISIANA CHILDREN IN TEXAS INSTITUTIONS:

DFS CONTACTS WITH CHILDREN IN TEXAS INSTITUTIONS

DFS Office	# children in sample	# children visited by DFS case-worker after placement in Texas	%	# children in Texas with whom DFS case-worker corresponded	%
Baton Rouge	20	8	40%	15	75%
New Orleans	26	7	27%	9	35%
DFS Total	46	15	33%	24	52%

TABLE 7 ECA FILE INVENTORY OF LOUISIANA CHILDREN IN TEXAS INSTITUTIONS:

ECA INFORMATION ON WELL-BEING OF CHILDREN IN TEXAS INSTITUTIONS[1]

ECA Office	# children in sample	# children about whom there is specific information about well-being in Texas	%	# children about whom there is only general information about well-being in Texas	%
Hammond	30	9	30%	14	47%
Belle Chase	35	16	46%	12	34%
ECA Total	65	25	38%	26	40%

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[1] Children who have been placed in more than one Texas institution were counted as having this information so long as there was such information from any one institution in their files, even though there may have been no such information from any of the other institutions in which they were placed. In addition, children having any specific information in their files were counted as "specific", even if most of the information in their files was general. Any ambiguous information was treated as "specific".

TABLE 8

DFS FILE INVENTORY OF LOUISIANA CHILDREN IN TEXAS INSTITUTIONS:

DFS INFORMATION ON WELL-BEING OF CHILDREN IN TEXAS INSTITUTIONS[1]

DFS Office	# children in sample	# children about whom there is specific information about well-being in Texas	%	# children about whom there is only general information about well-being in Texas	%
Baton Rouge	20	7	35%	13	65%
New Orleans	26	16	61%	6	31%
DFS Total	46	23	50%	21	46%

[1] Children who have been placed in more than one Texas institution were counted as having this information so long as there was such information from any one institution in their files, even though there may have been no such information from any of the other institutions in which they were placed. In addition, children having any specific information in their files were counted as "specific", even if most of the information in their files was general. Any ambiguous information was treated as "specific".

TABLE 9 ECA FILE INVENTORY OF LOUISIANA CHILDREN IN TEXAS INSTITUTIONS:

ECA INFORMATION ON CHILDREN'S
EDUCATIONAL/VOCATIONAL PROGRAMS IN TEXAS INSTITUTIONS[1]

ECA Office	# children in sample	# children about whom ECA had any specific educational/vocational program information[2]			# children about whom ECA had specific reports about educational/vocational progress	%	# children about whom ECA had only general reports about educational/vocational progress	%
		hours/day	grade level	subjects				
Hammond	30	1	0	3	9	30%	3	10%
Belle Chase	35	2	2	9	9	26%	1	3%
ECA Total	65	3	2	12	18	28%	4	6%

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[1] Children who have been placed in more than one Texas institution were counted as having this information so long as there was such information from any one institution in their files, even though there may have been no such information from any of the other institutions in which they were placed. Children having any specific report about educational progress in their files were counted as "specific", even if most of the reports in their files were general. Any ambiguous reports were treated as "specific". Further the separate categories of "specific educational/vocational program information" (hours/day, grade level, subjects),are not mutually exclusive. Thus a single child may have been counted in all three categories.

[2] The files did not reveal any information about children's educational/vocational programs with regard to their location, the number of teachers, whether or not program credits are transferable to Louisiana public schools, or whether the programs are accredited in Texas. In addition there was no evidence that ECA had ever made any on-site inspections of children's programs or prepared any reports evaluating the programs. Only one case file, in Belle Chase, contained information on teachers' qualifications.

TABLE 10 DFS FILE INVENTORY OF LOUISIANA CHILDREN IN TEXAS INSTITUTIONS:

DFS INFORMATION ON CHILDREN'S EDUCATIONAL/VOCATIONAL PROGRAMS IN TEXAS INSTITUTIONS[1]

DFS Office	# children in sample	# children about whom DFS had any specific educational/vocational program information[2]			# children about whom DFS had specific reports about educational/vocational progress	%	# children about whom DFS had only general reports about educational/vocational progress	%
		hours/day	grade level	subjects				
Baton Rouge	20	0	3	2	8	40%	8	40%
New Orleans	26	3	3	5	9	35%	10	38%
DFS Total	46	3	6	7	17	37%	18	39%

[1] Children who have been placed in more than one Texas institution were counted as having this information so long as there was such information from any one institution in their files, even though there may have been no such information from any of the other institutions in which they were placed. Children having any specific report about educational progress in their files were counted as "specific", even if most of the reports in their files were general. Any ambiguous reports were treated as "specific". Further the separate categories of "specific educational/vocational program information" (hours/day, grade level, subjects), are not mutually exclusive. Thus a single child may have been counted in all three categories.

[2] The files did not reveal any information about children's educational/vocational programs with regard to their location, the number and qualifications of teachers, or whether the programs are accredited in Texas. In addition, there was no evidence that DFS had ever made any on-site inspections of children's programs or prepared any reports evaluating the programs. Only one case file, in New Orleans, contained information on whether or not credits are transferable to Louisiana public schools.

TABLE 11

ECA FILE INVENTORY OF LOUISIANA CHILDREN IN TEXAS INSTITUTIONS:

ECA INFORMATION ON CHILDREN'S COUNSELING, TREATMENT OR THERAPY PROGRAMS IN TEXAS INSTITUTIONS[1]

ECA Office	# children in sample	# children about whom ECA had specific descriptions of counseling, treatment or therapy programs in Texas[2]	%	# children about whom ECA had only general descriptions of counseling, treatment or therapy programs in Texas	%	# children about whom ECA had specific reports on progress in counseling, treatment or therapy programs in Texas	%	# children about whom ECA had only general reports on progress in counseling, treatment or therapy programs in Texas	%
Hammond	30	1	3%	7	23%	10	33%	3	10%
Belle Chase	35	1	3%	4	11%	8	23%	0	-
ECA Total	65	2	3%	11	17%	18	28%	4	4%

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[1] Children who have been placed in more than one Texas institution were counted as having this information so long as there was such information from any one institution in their files, even though there may have been no such information from any of the other institutions in which they were placed. Children having any specific report about counseling, etc. progress in their files were counted as "specific", even if most of the reports in their files were general. Any ambiguous reports were treated as "specific".

[2] The files did not reveal any information with respect to ECA on-site inspections or preparation of reports evaluating the children's counseling, treatment or therapy programs. There were no qualifications specified for those who conduct these programs. Information on the number of persons conducting each child's program and the frequency of therapy was contained in only one Belle Chase file.

TABLE 12

DFS FILE INVENTORY OF LOUISIANA CHILDREN IN TEXAS INSTITUTIONS:

DFS INFORMATION ON CHILDREN'S COUNSELING, TREATMENT OR THERAPY PROGRAMS IN TEXAS INSTITUTIONS[1]

DFS Office	# children in sample	# children about whom DFS had specific descriptions of counseling, treatment or therapy programs in Texas[2]	%	# children about whom DFS had only general descriptions of counseling, treatment or therapy programs in Texas	%	# children about whom DFS had specific reports on progress in counseling, treatment or therapy programs in Texas	%	# children about whom DFS had only general reports on progress in counseling, treatment or therapy programs in Texas	%
Baton Rouge	20	2	10%	4	20%	4	20%	8	40%
New Orleans	26	1	4%	9	35%	6	23%	0	-
DFS Total	46	3	6%	13	17%	10	22%	8	17%

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[1] Children who have been placed in more than one Texas institution were counted as having this information so long as there was such information from any one institution in their files, even though there may have been no such information from any of the other institutions in which they were placed. Children having any specific report about counseling, etc. progress in their files were counted as "specific", even if most of the reports in their files were general. Any ambiguous reports were treated as "specific".

[2] The files did not reveal any information with respect to DFS on-site inspections or preparation of reports evaluating the children's counseling, treatment or therapy programs. Two case-files, one in Baton Rouge and one in New Orleans, reported the number of persons conducting the programs and another two files, both in Baton Rouge, contained information on the qualifications of the persons conducting the programs. In addition, five files, three in Baton Rouge and two in New Orleans, specified the frequency of therapy. No other information on individual children's counseling, treatment or therapy programs was contained in the children's files.

TABLE 13

ECA FILE INVENTORY OF LOUISIANA CHILDREN IN TEXAS INSTITUTIONS:

ECA INFORMATION ON CHILDREN'S PHYSICAL CONDITION IN TEXAS INSTITUTIONS[1]

ECA Office	# children in sample	# children for whom ECA had specific reports about physical condition in Texas[2]	%	# children for whom ECA had only general reports about physical condition in Texas	%
Hammond	30	8	27%	7	23%
Belle Chase	35	13	37%	6	17%
ECA Total	65	21	32%	13	20%

[1] Children who have been placed in more than one Texas institution were counted as having this information so long as there was such information from any one institution in their files, even though there may have been no such information from any of the other institutions in which they were placed. Children having any specific report about their physical condition in their files were counted as "specific", even if most of the reports in their files were general. Any ambiguous reports were treated as "specific".

[2] The files did not reveal any information pertaining to descriptions of medical or dental services, number and qualifications of persons conducting the program, frequency of regular checkups, or descriptions of hospital facilities used by the institution. In addition, there was no evidence that ECA conducted any on-site inspections or prepared any reports evaluating the children's medical and dental care.

TABLE 14

DFS FILE INVENTORY OF LOUISIANA CHILDREN IN TEXAS INSTITUTIONS:

DFS INFORMATION ON CHILDREN'S PHYSICAL CONDITION IN TEXAS INSTITUTIONS[1]

DFS Office	# children in sample	# children for whom DFS had specific reports about physical condition in Texas[2]	%	# children about whom DFS had only general reports about physical condition in Texas	%
Baton Rouge	20	7	35%	7	35%
New Orleans	26	7	27%	12	46%
DFS Total	46	14	30%	19	41%

[1] Children who have been placed in more than one Texas institution were counted as having this information so long as there was such information from any one institution in their files, even though there may have been no such information from any of the other Institutions in which they were placed. Children having any specific report about their physical condition in their files were counted as "specific", even if most of the reports in their files were general. Any ambiguous reports were treated as "specific".

[2] The files did not reveal any information on the number of persons conducting the children's medical and dental programs, the frequency of regular check-ups, or DFS on-site inspections; nor were there reports evaluating children's programs. In the DFS case files there was only one instance, in Baton Rouge, of a specific description of medical and dental services, of the qualifications of the persons conducting these services for a child, and of the hospital facilities utilized by an institution.

TABLE 15 ECA FILE INVENTORY OF LOUISIANA CHILDREN IN TEXAS INSTITUTIONS:

POLICY INFORMATION FROM TEXAS INSTITUTIONS

ECA Office	# children in sample	# Texas institutions in which these children were placed	# Texas institutions about which there was any policy information in ECA files	%	# Texas institutions whose policy on visitors to children was in ECA file	# Texas institutions whose policy on children's visits to their Louisiana homes was in ECA files[1]
Hammond	30	11	5	45%	4	2
Belle Chase	35	14	4	28%	4	1
ECA Total	65	25	9	36%	8	3

[1] In addition, in the Belle Chase children's files there was information about the mail and phone communications policy of one institution, and in the Hammond children's files there was information about the birth control policy of one institution. Otherwise, the ECA files contained no information about any Texas institution's programs or policies in the following areas: academic and vocational education, counseling, therapy, treatment, medical and dental care, psychotropic medication, living arrangements, food, clothing, spending money, religious training, behavior modification or punishment. Unlike Tables 9, 11 and 13 which pertain to information in the ECA files on the services actually provided to individual children, this table pertains to information in the ECA files on the range of programs offered by and policies in effect at each institution.

TABLE 16 DFS FILE INVENTORY OF LOUISIANA CHILDREN IN TEXAS INSTITUTIONS:

POLICY INFORMATION FROM TEXAS INSTITUTIONS

DFS Office	# children in sample[1]	# Texas institutions in which these children were placed	# Texas institutions about which there was any policy information in DFS files	%	# Texas institutions whose policy on visitors to children was in DFS file	# Texas institutions whose policy on children's visits to their Louisiana homes was in DFS files[2]
Baton Rouge	13	13	5	38%	3	5
New Orleans	20	12	6	50%	4	4
DFS Total	33	25	11	44%	7	9

[1] The number of children's case files is smaller for this table because in certain cases it was impossible to ascertain which of several institutions provided the "visitor" and "visits home" policy information, and those case files were removed.

[2] In addition, there was information in the Baton Rouge children's files about the subjects offered and the qualifications of the teachers in the educational/vocational program of one institution, and in the New Orleans children's files about the mail and phone communications policy of one institution and the birth control policy of another institution. Otherwise, the DFS files contained no information about any Texas institution's programs or policies in the following areas: academic and vocational education, counseling, therapy, treatment, medical and dental care, psychotropic medication, living arrangements, food, clothing, spending money, religious training, behavior modification or punishment. Unlike Tables 10, 12 and 14 which pertain to information in the DFS files on the services actually provided to individual children, this table pertains to information in the DFS files on the range of programs offered by and policies in effect at each institution.

TABLE 17 ECA FILE INVENTORY OF LOUISIANA CHILDREN IN TEXAS INSTITUTIONS:

MOVEMENT FROM INSTITUTION TO INSTITUTION OF ECA CHILDREN PLACED IN TEXAS INSTITUTIONS

ECA Office	# children in sample	# children whose ECA placement was changed at least once after placement in Texas institution[1]	%	#times children in preceding category on this table were moved to another institution after their original placement by ECA in Texas	Average move per child	# times children moved because institution closed, dropped program, lost its license, failed to meet licensing requirements	# times children moved because institution otherwise determined inadequate[2]
Hammond	30	10	33%	15	1.5	4	4
Belle Chase	35	18	51%	30	1.7	7	10
ECA Total	65	28	43%	45	1.6	11	14

[1] This category includes only those children who were moved from a Texas institution to any other institution (regardless of the state in which it was located). Every child making such a move was counted once. Moves home or to a foster family were not counted here.

[2] Included in this category are all changes of children's placement by ECA as a result of reports by HEW, by Texas Department of Public Welfare or by Louisiana HHRA. Thus, all movements of children from Jones Children's Haven, Bagley, Heart of Texas, Peaceful Valley and Lullabye after April 1975 were counted, even if such children were subsequently placed with a family or foster family.

TABLE 18

DFS FILE INVENTORY OF LOUISIANA CHILDREN IN TEXAS INSTITUTIONS:

MOVEMENT FROM INSTITUTION TO INSTITUTION OF DFS CHILDREN PLACED IN TEXAS INSTITUTIONS

DFS Office	# children in sample	# children whose DFS placement was changed at least once after placement in Texas institution[1]	%	# times children in preceding category on this table were moved to another institution after their original placement by DFS in Texas	Average move per child	# times children moved because institution closed, dropped program, lost its license, failed to meet licensing requirements	# times children moved because institution otherwise determined inadequate[2]
Baton Rouge	20	12	60%	17	1.4	6	0
New Orleans	26	18	69%	25	1.4	7	2
DFS Total	46	30	65%	42	1.4	13	2

[1] This category includes only those children who were moved from a Texas institution to any other institution (regardless of the state in which it was located). Every child making such a move was counted once. Moves home or to a foster family were not counted here.

[2] Included in this category are all changes of children's placement by DFS as a result of reports by HEW, by Texas Department of Public Welfare or by Louisiana HHRA. Thus, all movements of children from Jones Children's Haven, Bagley, Heart of Texas, Peaceful Valley and Lullabye after April 1975 were counted, even if such children were subsequently placed with a family or foster family.

TABLE 19 DFS AND ECA FILE INVENTORY OF LOUISIANA CHILDREN IN TEXAS INSTITUTIONS:

DFS AND ECA EFFORTS
TO REINTEGRATE CHILDREN INTO LOUISIANA FROM THEIR TEXAS INSTITUTIONAL PLACEMENTS

DFS and ECA Offices	# children in sample	# children for whom DFS or ECA contacted foster parents, halfway houses or other non-institutional settings in Louisiana to arrange for children's placement[1]	%	# children for whom DFS or ECA developed a specific plan for reintegration into non-institutional settings in Louisiana[2]	%
Baton Rouge (DFS)	20	3	15%	1	5%
New Orleans (DFS)	26	2	8%	5	19%
Hammond (ECA)	30	0	-	0	-
Belle Chase (ECA)	35	0	-	0	-
DFS Total	46	5	11%	6	13%
ECA Total	65	0	-	0	-

[1] The files did not reveal any correspondence between either DFS or ECA and the children in Texas discussing their placement in foster homes, halfway houses, or any other setting in Louisiana.

[2] This "reintegration plan" category and the preceding "contacts" category are not mutually exclusive. Thus, the same child may be counted in both categories.

A COMMITMENT TO PEOPLE

An Evaluation of the Family Reception Center

Research Conducted under Contract with
the Sisters of the Good Shepherd Residences

Ann W. Shyne and Renee Neuman

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Research Center
Child Welfare League of America

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FOREWORD

This report completes the evaluation of the Family Reception Center program, undertaken by the Child Welfare League of America at the request of the Sisters of the Good Shepherd Residences, which designed the program and has carried it on since October 1972. The program has been funded in part by the Criminal Justice Coordinating Council, which administers Law Enforcement Assistance Administration funds in New York.

The Family Reception Center program and the related research were initially projected for a three-year period. However, funding has been provided only on a year-to-year basis, a circumstance that has made both program and research planning quite difficult. The decision to fund the first year's evaluation was not reached by CJCC until mid-December 1972. Dr. Edmund A. Sherman, formerly a member of the League's research staff directed the initial research with the able assistance of Renee Neuman. Their report was issued in September 1973 by the League under the title The Family Reception Center: Evaluation of the Program.

In November 1973, on the basis of that report but after Dr. Sherman had left the Child Welfare League, the decision was reached to contract with the League for continuation of its evaluation of the program for a second year. The discontinuity in funding and of project research leadership created a major problem, since it did not seem desirable to try to recruit a new research director. Fortunately Miss Neuman remained with the project, and she has carried major responsibility for the work of the second year, with the League's director of research devoting a considerable portion of her time to it. We were also fortunate to be able to engage Dr.

Michael Phillips, formerly a member of the League's research staff, to recruit and supervise a staff member to conduct follow-up interviews with selected program participants. Two interviewers were successively employed, Charlene Urwin and Emery Gross.

This report summarizes material from the first report but does not attempt to recapitulate the full detail of the latter. We trust that it will be intelligible by itself, but that readers interested in detail of the development and early experience of the program will avail themselves also of the 1973 report.

The Child Welfare League of America, a federation of public and voluntary child welfare agencies in the United States and Canada, is a standard-setting and accrediting agency. Research to extend knowledge of child welfare problems and services is one of its major functions. The Family Reception Center exemplifies many of the principles that the League believes should permeate child welfare programs--accessibility of service, early intervention, flexibility in programming, and continuous and vigorous effort to extend and improve the various services of the community essential to meet the needs of disadvantaged children and their families.

Many of the accomplishments of the Family Reception Center are self-evident. On the other hand, many aspects of its operation eluded our evaluative efforts. We believe, however, that our findings give strong support to the feasibility and effectiveness of the program. We hope, therefore, that this report will encourage other agencies to undertake similar ventures, and will demonstrate the importance of mechanisms to fund such programs on an on-going basis.

Ann W. Shyne
Director of Research

Chapter 1

THE PROGRAM OF THE FAMILY RECEPTION CENTER

The Family Reception Center is a multi-service neighborhood-based program established to demonstrate the effectiveness of such a program in diverting troubled children and youth from the juvenile justice system and in preventing family breakdown, with the all too frequent placement of children at a considerable distance from family and community. These purposes were to be accomplished by making readily available a variety of services for children and their families, facilitating their access to appropriate services under other auspices, and mobilizing community interest in developing a more adequate network of services and resources for children and youth. Thus the program was to include direct service, interpretation of family and youth needs or "advocacy" in popular parlance, and encouragement of the neighborhood populace to organize for action on its own behalf.

As the history and development of the program and its several service components are detailed in our report for the first year, they will be summarized only briefly here. The sponsoring organization, the Sisters of the Good Shepherd Residences, had had considerable experience in mounting diagnostic and treatment programs for disturbed youngsters. As noted in our previous report, one of its programs, a crisis-oriented diagnostic service, was singled out as "providing the type of innovative programs so desperately needed by the children who are brought before the Court."[1] The program director of the Family Reception Center, who had provided leadership for these other programs, is committed to the dual importance of direct service to families and intervention with other community systems on their behalf.

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[1] Juvenile Justice Confounded: Pretensions and Realities of Treatment Services, Committee on Mental Health Services, Inside and Outside the Family Court in the City of New York. Paramus, New Jersey: National Council on Crime & Delinquency, 1972, page 59.

The Park Slope area of Brooklyn was selected as the site of the demonstration because it is an area of high need and insufficient service. Park Slope has a population of approximately 120,000, including nearly 43,000 children and youth under 21 years of age. Its juvenile delinquency rate has risen more rapidly over the past decade than the rate for the borough as a whole, and there is a paucity of social and health resources within the immediate area, although of course citywide services are available to the residents. The selection of this area was made only after considerable discussion with representatives of community groups, legislative leaders, the clergy, and judges of the Family Court of Brooklyn, and strong consensus among them about the need for the proposed program.

A four-story building with basement, centrally located in Park Slope, was selected to house the program. It was acquired, repaired and renovated by Edwin Gould Foundation and made available at a nominal rental. This organization, which had participated in planning the Family Reception Center program, was also to develop a number of neighborhood foster homes as one of the service components.

The Service Components

From the start a multiplicity of services were envisioned, to be offered freely to walk-ins as well as referrals, without regard to race, religion, or sex. Preference would be given to Park Slope residents, with occasional referrals in instances of special need accepted from outside the area. The Family Reception Center, which was to be open seven days a week from 8 AM to 10 PM was to offer the following services:

Crisis-oriented counseling through individual and family casework;*

Sustained family group therapy;*

Family life education;

Peer group therapy;

Psychiatric consultation;

Legal advocacy;

Educational advocacy;

Crash pad for brief residential care;

Temporary foster home care in neighborhood foster homes;

Social and cultural enrichment activities;

Referral and steering for social, medical, vocational and religious service;

Discussion groups for continued planning and assessment of needed services.

As indicated in the previous report, most of the projected services were launched soon after the initiation of the program on October 1, 1972 and moved quickly into high gear. Crisis-oriented counseling, which has been the hub of the program, engaged large numbers of children and their families, often on a continuing basis or intermittently over a substantial period of time. Family life education groups and peer groups were organized in relation to the expressed needs of persons participating in other parts of the program. The crash pad, which can accommodate nine children, was fully used, although the number of different admissions was lower than anticipated because it did not prove feasible in many cases to limit such residential care to overnight or very brief stays as had been anticipated. The educational advocate was effective in averting a number of school dropouts and suspensions, and in avoiding or correcting inappropriate school placements. The social activities and cultural enrichment program, which was intended to provide pleasurable experiences and contribute to the development of social skills, expanded rapidly, and was not infrequently the point of entry for parents and children into the clinical program. A community resource coordinator, through liaison work with various community agencies, facilitated the referral and steering activities of the staff, which was an important facet of their service to particular families. The coordinator also worked on recruitment of foster homes in the neighborhood, until this responsibility was assumed by a staff member of Edwin Gould Services for Children.

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*The term "family casework" is used at FRC to refer to situations in which two or more family members are seen together to effect treatment objectives for a particular member, while "family group therapy" denotes help to the family as a unit.

The legal advocacy program was more modest than originally conceived, with the plan to employ a staff lawyer dropped prior to project funding, on the advice of CJCC. However, volunteer lawyers provided legal services in a variety of individual case situations. The plan for Edwin Gould Services for Children to develop a number of foster homes in the neighborhood could not be implemented during the first year because of difficulty in recruitment. Finally, the plan of discussion groups for community development purposes made little progress during the initial year. There was some disagreement among staff about the priority to be given to this activity. The point of view that prevailed was that the Center needed to develop credibility in the community as a source of service before it could become a fulcrum for action and that clients needed help with their own problems before they would be ready to engage in community organization and action.

A number of services were developed in addition to those originally conceived. A summer program of recreational, cultural and instructional activities was launched at the end of the school year. A special group treatment project was carried out in one of the public schools for children with behavior problems. And the psychological testing, which was part of the Center's general diagnostic and evaluation service, provided the basis for much of the work of the educational advocate to rectify misplacement of children in school.

Developments during the Second Year

The major components of the program continued to develop during the second year, with further differentiation of program in relation to emergent needs. Although casework counseling continued to be the central clinical service, a greater variety of specialized group programs was developed to complement this service. The Program Director, in her Progress Report of May 15, 1974, listed the following group approaches:

3 activity-counseling groups for latency-age children;

4 therapy groups for adolescents;

Parent-teen communication workshops;

A mothers' therapy group;

Teenage "Human Relations" workshops;

A Spanish-speaking seminar for parents;

A single parents' therapy group;

A "mourning" group for parents who have experienced severe losses;

Drop-In Times every Friday and Saturday night and Sunday afternoon for informal activities and recreation;

A weekly Parents' Night;

A weekly Teen-Night, with activities planned by participants.

To assist in the work of court diversion, a social worker was stationed three days a week in the Brooklyn Family Court. The court worker refers children to FRC for counseling and crash pad residence, represents youngsters known to other FRC staff, and occasionally refers children from areas other than Park Slope to appropriate resources.

The family life educator held a series of meetings with small groups of officers from one of the police precincts serving Park Slope to discuss with them alternative ways of working with families and youth. The response was sufficiently positive for plans to be made for a similar program in the other Park Slope precinct.

Staff frustration in working with public assistance staff on individual cases prompted meetings with appropriate staff in one of the income maintenance offices and development of procedures that should facilitate service at least to FRC clients. The success of this activity led to plans to be made to hold similar sessions at two other income maintenance offices that also serve FRC clients.

The plan for neighborhood foster homes as a temporary family support eventuated in opening of foster homes in the area, one the home of a black family and the other of a Spanish-speaking family.*

Several related programs sponsored by the Sisters of the Good Shepherd Residences have had major impact on the program of the Family Reception Center. A group home, separately funded by Special Services for Children, a unit of the New York City Department of Social Services, was opened in the fall of 1973 next door to FRC. This home accommodates eight children, who attend community schools and are provided therapy by agency staff. Most of the children admitted have been referred by the Family Court.

A mini-school was opened in September 1973 in a nearby building to serve children who had been excluded from school or were presenting serious learning problems.

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*By August 1974 two additional foster homes had been licensed and made available.

Need for such a school was identified by FRC staff. The school, which had an enrollment of 21 students in the spring of 1974, was inaugurated under the sponsorship of SGSR as a cooperative effort with the Board of Education, which provides the teaching staff. Clinical service is given by FRC.

Finally, SGSR in the summer of 1973 instituted Children and Youth Development Services, a program aimed at the development of a neighborhood network of youth services and the involvement of youth leadership in this development. This program, which is housed adjacent to FRC, is funded by the Office of Youth Development, United States Department of Health, Education and Welfare. CYDS has assumed the community development function initially envisioned as part of FRC operations. CYDS and FRC work jointly in many areas and in complementary fashion in others. It was FRC that conducted the police training program mentioned above, but it is CYDS that has launched a Police Precinct Receptionist Program to strengthen efforts to divert children to community services. A receptionist is placed in the police precinct as a social service resource for the police in working with families and children. The viability of the CYDS program is believed to depend to a considerable degree on the prior availability of the direct services of FRC, which has established itself as committed to meeting the needs of the neighborhood.

This report concerns only the FRC program, to the extent that this could be differentiated from the related programs of CYDS, Mini-School and Group Home with which it is intertwined.

Chapter 2

THE PLAN OF EVALUATION

Evaluation of time-limited programs always poses problems that seem to have no very good answers. A new program needs time to take shape before it is ready to be evaluated, and data-gathering procedures should be created to fit the program as it develops and should be modified as experience dictates. On the other hand, if early evaluative findings are expected, no time can be lost in getting the kinks out of the program or out of the research procedures before data collection begins.

The Research Center of the Child Welfare League of America, in planning the research design for the Family Reception Center, originally projected a three-year operation. Funding on a year-to-year basis necessitated initiation of data collection simultaneously with initiation of the program. Instruments had to be formulated quickly with limited consultation with program staff and no time for pretesting. The general plan followed was to develop an information system that it was hoped would meet the operational needs of the program and also provide the data on the clientele and the services needed for evaluation of the Family Reception Center.

Information on the characteristics of the families and children served and the nature and outcome of service in individual cases was furnished by the staff of the Family Reception Center through a series of schedules, which will be described subsequently. This case material was to be supplemented in the first year by an inquiry into the knowledge and attitudes of community agencies and organizations about the program, and a survey of staff opinions and attitudes.

Slight modifications were made in the case schedules to be used in the second year, but major changes could not be considered if the final evaluation was to include service data for the two-year period. A second survey of staff was conducted in the second year, and research interviews were held with selected youngsters who had participated in the program.*

Collection of Case Data

Four schedules were developed to obtain from the practitioners information on all families and children referred to the Family Reception Center, on the services planned and provided, and on the outcome of service. The schedules were forwarded to CWLA as soon as completed. They were edited and coded for machine processing, and then returned to the practitioners for their use in work with the families.

Form A, Application and Referral Form, was to be filled out at the time of the initial contact, whether in person or by telephone, with a family member or a referral source on every identified family on which an application or referral was received. This brief form includes age, sex, ethnicity, family composition, referral source, services requested and reason for request, and disposition of the application. It also includes court adjudication for court-referred cases, and for all cases the stage of the case in the juvenile justice system, an item of particular interest to the funding organization. The Application and Referral Forms provide the data for Chapter 3 which describes applications and referrals to the Center from its inception to February 1, 1974.

Form B, Intake and Baseline Schedule, was to be completed by the staff member within a month of the date of application on all cases that were expected to continue beyond the application contact and that were not closed within one month. This 23-page schedule contains extensive data on the family circumstances, characteristics of the individual parents and of each of the children deemed in need of service, the services planned for the various family members, and the objectives of service. The form includes behavior checklists that had been developed in prior League research on factors involved in placement decisions.[1] Chapter 4 summarizes the data from the Baseline Schedules on all continued-service cases that were first known to the Center prior to February 1, 1974.

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*A limited number of sets of the major data collection instruments are available on request so long as the supply lasts.

Form C, Discontinuation Form, was to be completed by the worker on cases that, at the time the Application and Referral Form was filled out, were expected to continue but that closed within one month. It is a one-page form giving the reason for case closing and the number of in-person interviews held with family members. Its original use was extended to cases that remained open beyond one month but in which staff were unsuccessful in engaging the family in the program and had little information beyond that on Form A. Discussion of the early discontinuers is included in Chapter 3.

Form D, Outcome Form, an 11-page schedule, was to be completed at case closing or at the cutoff date for data collection on all cases not closed within a month. For the purpose of the first year's evaluation it was required on closed cases and cases that had been open at least 3 months as of July 1, 1973. For the final evaluation, Form D was completed on closed cases and all cases that had been opened prior to February 1, 1974. On cases still open on July 1, 1973 on which an Outcome Form had been completed for the first year's evaluation, a second Outcome Form was required, giving present circumstances and summarizing the entire service period.

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[1] Michael H. Phillips, et al., A Model for Intake Decisions in Child Welfare. New York: Child Welfare League of America, 1972.

This schedule provides information on the current circumstances, attitudes and behavior of family members, the nature and extent of service, and the worker's assessment of the degree to which service objectives had been attained. It is the source of the data on services and outcome in continued-service cases presented in Chapter 5.

This system of data collection proved far from perfect. Hard pressed staff found it difficult to make time for completion of research schedules, and research staff often found it difficult to reach the busy practitioners to clarify ambiguities and obtain information missing from the schedules. The plan of returning schedules to the workers as soon as they were processed precluded comparison of schedules on a given case to spot discrepancies. A good many schedules had to be retrieved from the workers for further examination. We did not want to burden staff with monthly service schedules, but we are aware that the recapitulation of service on the Outcome Schedule may be less complete than data obtained on a monthly basis. The quality of the data, therefore, leaves something to be desired, but it may be as good as can be obtained when research staff are not located in the service setting where they can be in daily contact with the persons who are furnishing the data.

Perhaps more serious than any inaccuracies in the data obtained are the limitations of our rather conventional case schedules in capturing the specifics of service and the dynamic character of the program.

The Community Survey

During the first year interviews were held with 33 representatives of various community agencies and organizations to obtain their views of the Family Reception

Center. Research staff inquired whether the respondent had had occasion to make referrals to FRC, how he or she would rate the community's need for the program, what services were needed but not available in the neighborhood, and how the respondent would evaluate the overall program. As this survey was reported in some detail in the previous report, it will be touched on only briefly in the final chapter of this report.

Survey of Staff Opinions and Attitudes

During the spring of 1973 research staff interviewed the administrative, supervisory and direct-service staff about their workloads, the allocation of their time, and their views of the goals of the program, staff relationships, and working relations with other agencies. A second staff survey was not planned, but the program coordinator asked if it could not be carried out, and we were glad to comply as we were interested in the views of staff as the program had developed. Therefore, in the spring of 1974 a questionnaire was sent to staff exploring areas similar to those covered in the 1973 interviews. Chapter 7 reviews the findings of the 1974 survey.

Research Interviews with Program Participants

With the exception of the community survey, FRC staff were the source of all information on the program and its clientele in the first year. During the second year it was planned to try to tap the attitudes of recipients of service through research interviews. We considered interviewing parents as well as children, but we were budgeted for only a limited field operation. We concluded that it would be preferable to focus that limited effort on learning what the service meant to the children, who are the principal focus of the program.

The selection of children to be interviewed is discussed in Chapter 6 along with the information obtained through the interviews.

Analysis of Data

As indicated earlier, this report concerns all referrals to the Family Reception Center from its opening on October 1, 1972 until February 1, 1974, and all service received up to May 1, 1974. Applications received later than February 1 were not included, since we wished to allow a minimum of 3 months for service before outcome data would be requested. We set May 1 as the final date for service and outcome data, knowing that another month would elapse before all the Outcome Schedules would be submitted.

All case data were coded for machine processing, and all coding checked by a second coder. The data were analyzed descriptively for the most part, but the principal outcome measure, degree to which service objectives were attained, was examined in relation to a number of case characteristics and service variables in an effort to tease out factors associated with differential outcomes.

The research interview schedules and the staff questionnaires, because of the small number of each, were analyzed manually.

Chapter 3

COMMUNITY USE OF FRC

Staff reported requests for service for children in 333 families between the opening of FRC on October 1, 1972 and February 1, 1974, our cutoff date for new cases. This is undoubtedly an undercount, for the informality of the program, the many group activities, and the time pressures on staff all make it likely that some applications eluded our data collection system.

In this chapter, we shall summarize the data obtained at the time of application on these 333 requests, and then will compare three sub-groups of applications: cases closed immediately, those that received brief service, and the cases that continued, which will be the focus of the two subsequent chapters. The detailed information on the three sub-groups is presented in Tables 3-3 and 3-4 at the close of the chapter.

Schools were the source of 116 or 35% of the initial referrals, with courts accounting for the next largest group--64 or 19%. Almost as many of the young people came to FRC on their own initiative without referral; these self-referrals numbered 54 or 16%. Parents and other social agencies each made 25 referrals, together accounting for 15% of the total. The remaining 15% came from a miscellany of diverse sources, including friends and relatives (22), churches (11) and the police (8).

A large majority of the referrals (57%) were prompted by behavior problems on the part of the child, and another 17% by parent-child conflict. Problems that might be seen as residing in the parents led to 36 or about 11% of the referrals (emotional or behavior problem of parent, 13; abuse, 11; unwillingness to care for the child, 6; neglect, 4; physical illness of parent, 2). The only other problem that was considered the primary reason for referral in as many as 5% of the cases was financial need or inadequate housing (6%). Only 14 (4%) of the children or youth were referred primarily because of a need for recreation or socialization.

Who were the children referred to FRC? They were almost exactly divided between boys and girls. They ranged in age from 4 years to 20 years, with two-thirds from 10 to 15 years of age, and three-fourths in the 7 to 15 year range of juvenile court jurisdiction. They reflected the ethnic diversity of the area, with about 40% white (other than Spanish-surnamed), 40% Spanish-surnamed, and 20% black. As was pointed out in our previous report, the figure of about 60% minority children compares favorably with population data for the two precincts that cover the Park Slope community: 72nd precinct--Hispanic 23.5% and black 3.0%; 78th precinct--Hispanic 27.6% and black 28.6%.

Nearly 70% of the children resided in the Park Slope area, but 9% came from other parts of the community planning district that includes Park Slope, and 20% were referred from other areas. Commitment to the needs of minority group children is reflected in the willingness to accept referrals of minority group children from outside Park Slope. Only 20% of the white children for whom referrals were received came from outside the Park Slope area, but 42% of the black and 31% of the Spanish-surnamed children were from outside the area.

Of the children referred, 90% were living with their parents--41% with both parents,* 44% with their mothers and 5% with their fathers. Of the remainder, half made their homes with other relatives, several lived with unrelated adults, and six were unattached adolescents.

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*Households including a natural parent and his/her legal or non-legal marital partner are treated as two-parent families.

As noted earlier, 64 of the children were referred by the court. A majority of these children were referred at court intake prior to adjudication. However, 25 of the children were adjudicated as "persons in need of supervision," two as neglected and one as delinquent. A number of children not referred by the courts were found by staff to be currently involved with the juvenile justice system, and others to have had past involvement. Since it was not possible to verify court involvement except in court-referred cases, this information may be incomplete or inaccurate. As far as could be determined, 74 children (22%) were currently involved with the juvenile justice system at the time of intake, and 26 others (8%) had a history of such involvement. Thus the number of court involved children (100) considerably exceeded the number of court referrals (64). Those currently involved were at time of intake scattered across the various stages from apprehension by the police to post-sentencing, with the largest number referred to FRC after arraignment but prior to adjudication.

The applicant or referral source usually requested more than one service, with 580 services requested for the 333 children. Casework counseling was by far the most common request; this service was sought for 72% of the cases. Admission to the crash pad, which ranked second, was requested for 25%. For 20% recreational or cultural enrichment activities were desired, and in almost as many instances (19%) FRC was asked to evaluate the child's needs and to plan accordingly. The only other service sought for as many as 10% of the cases was group therapy.

Cases Closed at Intake

At the time of application or referral, FRC staff planned to continue service in 291 cases, and in only 42 cases or 12% was the case to be closed without plan of further service. In 33 of the latter group immediate referral elsewhere was made by the FRC intake worker for placement (12) or other service (21). Of the other 9 cases in which further service was not intended, 4 applications were withdrawn, in 2 cases the service was considered completed at intake,* 2 applications were rejected, and in 1 instance the family moved out of the area.

Examination of the limited information available on this small group of cases that were closed at intake indicates some differences from those where further service was planned. The child referred was more likely to be a girl and to be Spanish-surnamed and less likely to be black. He or she was a little less likely to be living with both parents, and more likely to be under 10 or over 15 years of age. He was much less likely to live in Park Slope, to have been referred by the court, or to have been referred because of his own behavior. FRC was less likely to have been asked to provide casework counseling or to evaluate the needs of the case, and more likely to have been asked to admit the child to the crash pad.

Brief-Service Cases

Of the 291 cases in which further service was planned, 93 were closed within a month, or at a later date but with too little contact to permit completion of the detailed Intake and Baseline Schedule. On each of these cases staff submitted a Case Discontinuance Form indicating the number of in-person interviews held with the child and with other family members, and the reason for closing.

As may be seen from Table 3-1, which details the reasons for closing, inability of staff to involve the child and/or his parents, or their withdrawal after preliminary contacts, accounted for the bulk of these early closings, though completion of needed service or referral elsewhere was the reason for quite a few of the early terminations.

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*In one of these cases the FRC staff member established contact between two agencies already active in the situation. In the other, staff assisted the family in completing an application for public assistance, the only service requested.

Table 3-1

Reason for Closing in Brief Service Cases

Reason	Number
Could not involve:	
Child	11
Parent	8
Both	28
Client withdrew:	
Child	14
Parent	4
Immediate need met	15
Referred elsewhere	8
Other	5
Total	93

In several of the cases closed because the immediate need was met, the agency played a supportive role during a crisis in the relation of the child and his parents until "the situation cooled" or the immediate problem was resolved. In one instance the child was helped to mobilize himself to return to school, and no other service appeared necessary. In several instances the child was admitted to the crash pad for a brief stay until able to return home (as in the instance of a mother's hospitalization), while awaiting a placement that had already been arranged, or while arrangements were made for the youngster to enter placement (maternity home, residence for older girls, long-term foster family care).

Of the cases closed with referral elsewhere, three were referred to the Brooklyn Center for Psychotherapy, two to CYDS, and one each to Phoenix House, Euphrasian Residence, and Jewish Family Service. "Other" reasons for closing were the family's involvement with other more appropriate agencies, a family's moving, and in one instance FRC's inability to meet the needs of the case or locate more suitable resources.

Considerable staff effort was expended in these cases. In addition to abortive efforts to reach the families, a total of 144 in-person interviews were held with the children and 123 with other family members. The distribution of the cases by number of interviews appears in Table 3-2.

Table 3-2

Number of In-person Interviews in Brief Service Cases

Number	Interviews with child	Interviews with other family members
0	32	28
1	28	35
2	14	17
3 - 5	14	11
6 or more	5	2
Total cases	93	93

When the 93 early discontinuers were compared with the 198 continuing cases, little difference appeared on ethnicity or reason for referral. The early discontinuers included a slightly higher proportion of boys, of children living in two-parent families, of youngsters over 16, of those referred by the court, of those with past involvement with the juvenile justice system, and of requests for crash pad admission. The needs of these children were less clear to FRC staff than those of the continuers, with "study to determine the type of service" planned for 77%, as contrasted with 62% of the continuers.

The 198 continuers are distributed very similarly to the original 333 applications, on sex, age, ethnic background, household composition, source of referral, and reason for referral, since the losses at intake and through early closings balanced each other on some variables. For example, few court referrals were closed at intake but a number fell into the brief-service group because of inability to engage the child or his parents in further service. However, slightly fewer of the continuers than of total applicants came from outside Park Slope and were referred for crash pad admission, while more of the continuers were referred for group therapy or recreation/cultural activities.

Although this evaluation does not include any application received after February 1, 1974, the reader may be interested to know that intake to FRC continued throughout the second year of the program at a rate comparable to that for the period studied. The 291 cases not closed at intake during the 16-month study period represent an average of 18 per month. FRC statistics for August 1974 indicate 18 cases added in that month and 188 over the 11 months of the current program year, or 17 per month. At this rate, by October 1, 1974 FRC will have served 136 cases in addition to the 291 reported here, or a total of 427.

Table 3-3

Social and Demographic Characteristics of Applications*

							Cases to Continue			
	Total (333)		Closed at Intake (42)		Total (291)		Brief Service (93)		Continuers (198)	
Characteristics	No.	%	No.	%	No.	%	No.	%	No.	%
Sex										
Male	168	50.4	18	42.8	150	51.5	52	55.9	98	49.5
Female	164	49.2	23	54.8	141	48.5	41	44.1	100	50.5
Age at Referral										
Under 9 years	49	14.7	9	21.4	40	13.7	10	10.8	30	15.2
10 - 12	88	26.4	8	19.0	80	27.5	22	23.6	58	29.3
13 - 15	131	39.3	10	23.8	121	41.6	38	40.9	83	41.9
16 and over	59	17.7	11	26.2	48	16.5	22	23.6	26	13.1
Ethnic Background										
White	133	39.9	15	35.7	118	40.5	36	38.7	82	41.4
Black	67	20.1	6	14.3	61	21.0	19	20.4	42	21.2
Spanish-surnamed	131	39.3	19	45.2	112	38.5	38	40.9	74	37.4
Household										
Both parents	136	40.8	14	33.3	122	41.9	44	47.3	78	39.4
Mother only	147	44.1	18	42.3	129	44.3	34	36.6	95	48.0
Father only	15	4.5	2	4.8	13	4.5	4	4.3	9	4.5
Other	34	10.2	7	16.7	27	9.3	11	11.8	16	8.0
Residence										
Park Slope	230	69.1	19	45.2	211	72.5	63	67.7	148	74.7
Planning District	30	9.0	6	14.3	24	8.2	8	8.6	16	8.0
Other	66	19.8	11	26.2	55	18.9	21	22.6	34	17.2

*Item totals may not match the totals at the heads of columns and percentages may not total to 100, as information was usually not available on all cases.

Source and Reason for Referral and Service Requested

Referral Information	Total (333)		Closed at Intake (42)		Cases to Continue					
					Total (291)		Brief Service (93)		Continuers (198)	
	No.	%	No.	%	No.	%	No.	%	No.	%
Source of referral										
School	116	34.8	11	26.2	105	36.1	32	34.4	73	36.9
Court	64	19.2	3	7.1	61	21.0	24	25.8	37	18.7
Self	54	16.2	5	11.9	49	16.8	11	11.8	38	19.2
Parent(s)	25	7.5	7	16.7	18	6.2	6	6.4	12	6.1
Social agencies	25	7.5	8	19.0	17	5.8	7	7.5	10	5.0
Friends and relatives	22	6.6	3	7.1	19	6.5	2	2.2	17	8.6
Church	11	3.3	2	4.8	9	3.1	5	5.4	4	2.0
Police	8	2.4	1	2.4	7	2.4	4	4.3	3	1.6
Other	8	2.4	2	4.8	6	2.1	2	2.2	4	2.0
Primary reason										
Behavior of child	191	57.4	13	31.0	178	61.2	57	61.3	121	61.1
Parent-child conflict	55	16.5	7	16.7	48	16.5	15	16.1	33	16.7
Parental health or behavior	36	10.8	6	14.3	30	10.3	9	9.7	21	10.6
Financial or housing need	20	6.0	--	--	20	6.9	6	6.4	14	7.1
Socialization	14	4.2	9	21.4	5	1.7	1	1.1	4	2.0
Other	17	5.1	7	16.7	10	3.4	5	5.4	5	2.5
Services requested (for at least 15 cases)										
Casework counseling	238	71.5	16	38.1	222	76.3	72	77.4	150	75.8
Crash pad admission	84	25.2	16	38.1	68	23.4	28	30.1	40	20.2
Recreation/cultural	65	19.5	1	2.4	64	22.0	10	10.8	54	27.3
Evaluation/planning	62	18.6	2	4.8	60	20.6	20	21.5	40	20.2
Group therapy	44	13.2	--	--	44	15.1	7	7.5	37	18.7

Chapter 4

THE CONTINUED-SERVICE CASES

The 198 cases on which service was planned at the time of application or referral and that continued open for more than a month thereafter have been the principal focus of our attention in this evaluation. These are the cases on which FRC staff were required to submit fairly detailed Intake and Baseline Data Forms at the end of one month and Outcome Schedules at the time of case closing or on May 1, 1974 if the case was still open. Information from the Intake and Baseline Data Forms on case characteristics and service plans will be reported in this chapter.

Some information obtained about these cases at point of application has already been given in the preceding chapter. The second schedule, which for brevity we will call the Intake Schedule, repeated some of the questions on the Application Form, but they were not always answered in identical fashion. Because of our system of returning schedules to staff as soon as they were coded, it was not feasible to reconcile these differences. By the time the Intake Schedule was filled out staff usually, but not always, had considerably more information about the case. It is, therefore, data on the Intake Schedules that we have treated as our baseline information.

Nature of the Problem

As indicated earlier, more than a third of the referrals of the continued-service cases were made by schools. Nearly a fifth were received from the court, and an equal number of children or youth applied directly. Most of the contacts with FRC were regarded as voluntary, only 27 in all being reported as involuntary.

The primary reason for application or referral in the continued-service cases was the behavior of a child or conflict between parent and child, as was true of the larger number of applications already described. As may be seen in Table 4-1, these two reasons accounted for 78% of the cases. Only 16 cases or 8% came to the attention of FRC because of parental problems. For approximately the same number, the child or youth's "need for socialization" was the primary reason for application or referral. Also shown in this table is the principal problem as viewed by the worker and by the client. The distribution is almost identical for referral source and worker. Although a case-by-case comparison was not made, it seems clear from the distributions as well as from inspection of the case schedules that the FRC staff tended to view the precipitating problem in much the same way as did the referral source.

The client's view of the problem as reported by the worker differed slightly, with somewhat fewer ascribing the major problem to the child and no reason given for 14 clients (7%), all of whom were children served in a special class in school. About two-thirds of the client informants were parents and one-third were children. The parents ascribed the problem to the child's behavior even more frequently than did the referral source but rarely saw parent-child conflict as the central consideration. On the other hand, only a fourth of the children placed the problem in their own behavior while nearly 40% viewed it as conflict with parents. The children were also more likely than parent, worker or referral source to see the problem as need for social activities or opportunities.

In an overwhelming majority of cases (156), the worker perceived the problem as chronic. In slightly more than half the cases with a chronic problem (83), little recent change in the problem seemed to have occurred, and in slightly less than half (73) the problem had been reactivated or intensified. In 34 cases the problem was seen as "new" and in 8 its duration could not be assessed. Thus the situations brought to FRC were usually problems of long standing, for which quick solutions could not be expected. And in many instances there had been no recent exacerbation of the problem to motivate the family to deal with it.

Table 4-1

Primary Problem as Seen by Referral Source, Worker & Client

Problem	Referral Source No.	Referral Source %	Worker No.	Worker %	Client No.	Client %
Behavior of child	123	62.1	125	63.1	104	52.5
Parent-child conflict	31	15.6	29	14.6	30	15.2
Neglect of child	5	2.5	6	3.0	1	0.5
Abuse of child	4	2.0	2	1.0	1	0.5
Parental unwillingness to care for child	1	0.5	5	2.5	1	0.5
Emotional or behavior problem of parent	6	3.0	7	3.5	14	7.1
Need for socialization	15	7.6	12	6.1	12	6.1
Financial or housing need	7	3.5	6	3.0	9	4.5
Other or denial of problem	6	3.0	6	3.0	12	6.1
Unknown	--	--	--	--	14	7.1
	198	100.0	198	100.0	198	100.0

According to staff reports, most of the families had made some effort to deal with the problem before being referred to FRC. As shown in Table 4-2, the school guidance counselor was the resource most frequently used. Mental health clinics, the court, and a diversity of social agencies were each indicated as used by about 10% of the families. Very few had turned to informal resources for help.

Table 4-2

Previous Efforts to Deal with the Problems

	No.	%
None reported	62	31.3
School guidance counselor only	35	17.7
School guidance counselor & other resource	14	7.1
Mental health clinic only	19	9.6
Mental health clinic & other resources	4	2.0
Court	22	11.1
Social agency	20	10.1
Informal resources	5	2.5
Other	12	5.8
Unknown	5	2.5

Characteristics of the Families

Data on the presence or absence of parents might be thought of as relatively hard data not susceptible to error, but in fact this is a particularly difficult kind of information to deal with. The children in a household may be the product of more than one marriage or non-legal union. One of the natural parents may usually be in the home but temporarily absent.

If a natural parent and a legal or non-legal marital partner were usually in the household, we treated this as a two-parent household, even if the partner had no biological or legal tie to the children. Both parents, or more accurately two parental figures, were present in 41% of the households. Over half (53%) were one-parent households, the one parent usually being the mother with or without other relatives, but occasionally the father. Ten of the children lived with neither parent.

Most commonly the household included three children, but in 15% there was only one child and in 15% there were six or more children. The average was 3.6 children per family. Usually, only one child was regarded as in need of service but the minority of families with more than one child in need of service brought to 308 the total number of children in these families for whom FRC staff planned service.

Table 4-3

Number of Children in Household and Number in Need of Service

	In Household		In Need of Service	
	No.	%	No.	%
1	30	15.2	136	68.7
2	41	20.7	34	17.2
3	43	21.7	18	9.1
4	29	14.6	6	3.0
5	20	10.1	2	1.0
6 - 7	23	11.6	1	0.5
8 or more	7	3.5	1	0.5
Unknown	5	2.5	--	--
	198	100.0	198	100.0

With the exception of race or ethnic group, information is not consistently available about the 184 mothers or surrogate mothers and the 95 fathers or surrogate fathers in the households at the time the Intake Schedule was completed. The ethnic distribution was as follows:

	Mother		Father	
	No.	%	No.	%
White	75	40.8	42	44.2
Black	34	18.5	15	15.8
Spanish-surnamed	72	39.1	36	37.9
Unknown	3	1.6	2	2.1

Comparing the percentage distributions of the mothers and the fathers indicates that the white children were a little more likely to live in two-parent homes than the black or Spanish-surnamed children, but the differences are very slight.

The legal marital status of the 184 mothers was reported as follows:

	No.	%
Single	17	9.2
Married, living with husband	67	36.4
Married, not living with husband	21	11.4
Separated	29	15.8
Divorced	16	8.7
Widowed	14	7.6
Unknown	20	10.9

Sixty-five percent of the mothers were Catholic, 12% Protestant and none Jewish, but for 23% religion was unknown. The figures were almost identical for the fathers.

On the basis of information in about 40% of the cases, we may say that the largest proportion of the parents were between 30 and 40 years of age and the next largest group a decade older. A very small proportion of either mothers or fathers for whom age was reported were under 30 or over 50.

Sparse data on education suggest that about half the mothers and fathers had completed high school, but about a third had attained only the ninth grade or a lower grade.

Only a minority of the mothers were in the labor market, with 30% employed and 6.5% seeking work, while the fathers were likely to be employed full time. Their employment status was as follows:

	Mother		Father	
	No.	%	No.	%
Employed full time	45	24.5	54	56.8
Employed part time	10	5.4	6	6.3
Unemployed, seeking work	12	6.5	2	2.1
Unemployed, not seeking work	88	47.8	11	11.6
Unknown	29	15.8	22	23.2

Although a wide range of occupations was represented, from professional to laborer, the mothers were clustered in the clerical/sales, service and operator groups, and the men in these three plus "craftsmen, foremen."

Information on family income was available for only 41 families. Like their occupations, their weekly income varied over a wide range, with seven families reported as having an income under $75 a week and three, an income over $250 a week. The largest concentration was 15 families in the $100 to $150 bracket, and in all 30 of the 41 had a weekly income under $150.

Nearly half the families (46%) were known to be receiving public assistance. Almost as many were not receiving public assistance, but for about 9% the information was not available. An appreciable number had been supported by public assistance for more than 5 years, but for a majority of the recipients the length of time on public assistance was not known.

Staff were able to assess adequacy of family income in all but 30 or 15% of the cases. Income was judged at least adequate for 56 (28%), somewhat inadequate for 73 (37%) and grossly inadequate for 39 (20%).

No attempt was made to evaluate the adequacy of the housing, but staff were asked to describe the appearance of the home if visited. Despite the straitened economic circumstances of many of the families, most of the homes visited (64 of 87) were described as clean and orderly. Assessment of the emotional climate of the homes was less favorable than the physical appearance. Emotional climate, which was rated for 117 households, was judged good or excellent in only 22 of these cases (19%), "OK" in 40 (34%) and poor in 55 (47%). Family cohesiveness characterized a minority of the households. The 151 families for which this was rated were distributed as follows:

	No.	%
Exceptionally close, warm family relations	4	2.6
Closely knit, cooperative	7	4.6
Fair cohesiveness with minor problems	45	29.8
Considerable tension or lack of warmth	68	45.0
Severe conflict or absence of affectional ties	27	17.9

The quality of the marriage in the few cases where this was assessed was most often described as marginal or poor, with less than a fourth rated good.

Only half the families (98) were known to have relatives with whom they were in contact, and few of these relatives were in a position to help the family either in a practical way (8) or through emotional support (12). Even fewer (13) had friends who might be helpful. Despite the lack of supportiveness from relatives and friends, only 22 families were receiving services from agencies other than the public assistance agency at intake.

Thus the families represented a range in socio-economic status, but for a majority income was inadequate to family needs, the homes were characterized by tension and conflict, and little practical help or emotional support was available from relatives or friends.

Parental Functioning

Let us look in more detail at the parents. Most were judged to be at least average in intellectual level, though an appreciable number were thought to be somewhat below average and a handful (6 mothers and 3 fathers) were reported to be well below average. Ten of the mothers and 3 of the fathers were known to have been hospitalized for a mental illness. Eleven mothers and 5 fathers had a diagnosed mental illness, and 14 mothers and 8 fathers had a disabling physical illness or disability that seriously interfered with their parental functioning. However, only 7 mothers and 1 father were thought to require hospitalization. Thus gross mental and physical health problems on the part of the parents were present in relatively few cases.

FRC staff were asked to indicate whether or not a number of statements of behavioral and attitudinal characteristics described the parents. Their responses are summarized in Table 4-4. The first eight items refer to parental behavior and attitudes toward children. The optimist looking at this table will be pleased to note that none of these negative parental traits was believed to characterize more than 40% of the mothers or fathers. We do not think our view is unduly pessimistic, however, when we point to the fact that, although few of the parents showed little concern for their children, a considerable proportion of both the mothers and the fathers did not recognize individual needs and differences in their children, failed to set limits, were erratic in handling their children, were not warm and affectionate with them. Many of the mothers placed excessive responsibility on the children, and many were, on the other hand, lax in discipline.

The characteristics appearing in the lower part of the table have to do with behavior, attitudes and feelings not specifically directed toward the children. Very few of the parents were reported as drinking excessively, being sexually promiscuous, or showing grossly deviant social attitudes.* What stands out here among the parents, especially the mothers, is the prevalence of impulsive behavior, temper outbursts, suspicious or distrustful attitudes, and withdrawal or depression.

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*Question may arise in the reader's mind about the absence of reference to use of drugs. Staff were reluctant to report any instances of drug use, if any came to their attention, and the section of the schedule devoted to drug use elicited not a single report of current or past use of heroin or other drugs on the part of the parents. No heroin use by the children was reported, and only 24 instances of past or present use of other drugs.

Table 4-4

Characteristics of Mothers and Fathers

Percentage Distribution

	Mothers (184)			Fathers (95)		
	True	Not True	Unknown	True	Not True	Unknown
Shows little concern for children	6.5	77.7	15.8	8.4	54.7	36.8
Does not recognize individual needs and differences	37.0	40.2	22.8	33.7	23.2	43.1
Punishments overly severe	19.6	52.2	28.3	24.2	29.5	46.3
Does not set limits	34.2	41.8	23.9	23.2	32.6	44.2
Erratic in handling children	40.2	32.1	27.7	34.7	20.0	45.3
Not warm and affectionate with children	27.7	45.7	26.6	28.4	26.3	45.3
Places excessive responsibility on children	24.4	47.3	28.3	18.9	31.6	49.5
Extremely lax in discipline	24.4	46.7	28.8	12.6	41.1	46.3
Has difficulty holding job	10.3	51.6	38.0	8.4	46.3	45.3
Drinks excessively	5.4	62.0	32.6	13.7	37.9	48.4
Is sexually promiscuous	3.3	60.9	35.9	6.3	36.8	56.8
Has temper outbursts	31.0	38.6	30.4	32.6	21.1	46.3
Acts impulsively	31.5	37.5	31.0	21.1	28.4	50.5
Exhibits grossly deviant social attitudes	1.6	72.8	25.5	3.2	48.4	48.4
Manages money poorly	8.2	59.8	32.1	7.4	38.9	53.7
Has unwarranted feeling of being picked on by community	5.4	70.1	24.5	9.5	41.0	49.5
Suspicious, distrustful	20.6	53.3	26.1	17.9	32.6	49.5
Appears withdrawn, depressed	39.7	39.7	20.6	15.8	36.8	47.4
Appears emotionally disturbed	19.6	54.9	25.5	15.8	36.8	47.4

It should be noted that staff were unable to respond to the behavioral check-list in a good many instances because of lack of detailed knowledge at this early point in the case. As contact with fathers was less common than with mothers, it is not surprising that staff could not answer these questions for nearly half the fathers. It is probably safe to assume that a trait was not reported as true of the client unless it really was, but it is of course not safe to assume the trait was otherwise absent.

Adequacy of parental care was rated for each family, not for the individual parents, with respect to four general areas. As may be seen from Table 4-5, the predominant rating for "protection from abuse, exploitation and exposure to danger" was "adequate," as was the predominant rating for "concern regarding schooling." However, in the areas of "supervision and guidance" and "warmth and affection" the ratings were more commonly "somewhat inadequate" and an appreciable number were "grossly inadequate."

Table 4-5

Adequacy of Child Care Functioning

Percentage Distribution
(198 Cases)

	Adequate	Somewhat Inadequate	Grossly Inadequate	Unknown
Protection from physical abuse, exploitation or exposure to dangerous situations	47.0	28.8	8.1	16.2
Supervision or guidance	24.2	42.4	16.2	17.2
Warmth and affection	27.3	43.4	9.6	19.7
Concern re schooling	48.0	28.8	6.6	16.6

When the parents find it necessary to discipline their children, over half were reported to use physical punishment, though taking away privileges was used in almost half the families. Scolding and confining to the room or house were each resorted to in about a third of the families, with financial penalties and extra chores much less common methods of discipline.

Staff were also asked to rate the parents on a four-point scale (high, moderate, low, none) on several attributes related to their probable use of service and response to it. To simplify presentation, and because answers are available for little more than half the fathers, only information on the mothers is presented in Table 4-6, and the scale is condensed into high or moderate and low or none.

Table 4-6

Service-Related Attributes of 184 Mothers

Percentage Distribution

	High or Moderate	Low or None	Unknown
Ability to verbalize feelings	57.1	24.4	18.5
Recognition of own part in problem	26.6	54.9	18.5
Desire for change	59.2	20.7	20.1
Capacity for change	50.0	20.7	29.3
Responsiveness to worker's suggestions	53.2	26.7	20.1
Concern about problem	73.9	7.6	18.5
Agreement with worker's proposed plan of service	58.2	21.2	20.6

With the exception of recognition of her part in the problem, staff rated half to three-quarters of the mothers high or moderate on these attitudes and responses. The mothers were concerned, could talk about how they felt, and they were eager for change in the problem situation. Without recognition of their own part in the problem, however, they may expect all the change to occur in someone else, namely the child. Only a minority--albeit a substantial minority--were unresponsive to the worker's suggestions and proposed plan of service.

The Children in Need of Service

The 198 cases that were referred to FRC included 308 children who, by the time the Intake Schedule was completed, were considered in need of service, and service was planned for this larger number. In this section we shall describe the 198 initially referred and their 110 siblings to whom service was extended. Usually only one child was initially referred; in cases in which the referral concerned more than one child, we have treated the oldest as the child initially referred. Information is somewhat less complete on the other children.

Both younger and older siblings of the child referred were identified as needing service, but the mean age of the other children was a little lower than that of the children referred. The age distributions are given in Table 4-7.

Table 4-7

Age at Referral

	Child Initially Referred		Other Children in Need of Service	
Age	No.	%	No.	%
Under 7	5	2.5	7	6.4
7 - 9	25	12.6	24	21.8
10 - 12	58	29.3	22	20.0
13 - 15	82	41.4	37	33.6
16 - 18	27	13.6	7	6.4
19 and over	--	--	6	5.4
Unknown	1	0.5	7	6.4
	198	100.0	110	100.0
Median	13 yrs. 4 mos.		12 yrs. 11 mos.	

Relatively few of the children (13 of those referred and 5 of their siblings) had previously been placed away from home for at least 90 days, usually in a foster home or institution for dependent children. Close to 60% of both groups were judged of average or above average intelligence. About a fifth of the children referred (21%) and only 11% of the other children were assessed as below average, but for the latter group insufficient information was available for staff to judge in a larger proportion of cases (31% versus 21%). The children's school grades followed closely what would be expected for the age distribution, but 4 of the children initially referred and 10 of the other children were in ungraded or other special classes.

Of the children referred 9 were employed, usually in service jobs, and 6 were seeking work. The other group included only 2 part-time workers and one full-time worker.

A slightly higher proportion of the children referred were presently involved in the juvenile justice system (23% versus 16%) and more were known to have a past history of involvement (10% versus 4%).

The picture with regard to the emotional health of the children is much less positive than that of their intelligence, school grade placement or involvement with the courts. It is also somewhat less positive for the children referred than for their siblings. As may be noted in Table 4-8, only a fifth of the children referred and a fourth of their siblings were evaluated as "normal" in emotional state. A majority of those referred were judged somewhat disturbed, and an appreciable number as severely disturbed. Staff comments on their own reluctance to label a child as seriously disturbed suggests that these data understate the incidence of serious emotional disorders.

Table 4-8

Child's Emotional State at Intake

Emotional State	Child Initially Referred		Other Children in Need of Services	
	No.	%	No.	%
Normal	42	21.2	28	25.4
Somewhat disturbed	113	57.1	46	41.8
Markedly or severely disturbed	19	9.6	9	8.2
Unknown	24	12.1	27	24.5
Total	198	100.0	110	100.0

The Intake Schedule carried a list of descriptive items used to assess children's functioning in previous League research. The staff member completing the schedule was asked whether or not each item was true of each of the children in need of service. The number and proportion of children for whom the items were checked as true are given in Table 4-9. The greater frequency of deviant behavior and attitudes among the children referred than among their siblings is clear from this table. Also apparent is the fact that the latter group was by no means free of such problems.

In view of the large number of school referrals because of behavior problems in the child, it is hardly surprising that school difficulties are the most common, characterizing a large majority of the children referred. Difficulties at home show up in the frequency of descriptions as "hard to handle," "fights a lot with siblings," "refuses to help around the house," and "has run away from home." Aggressive, provocative behavior is apparently not confined to the home, as over a third of the children are described as "aggressive," "has temper tantrums." At the same time many of the children are described as "immature," "easily influenced by others," "does not accept responsibility."

Table 4-9

Behavior Traits of Children

	Child Initially Referred (198)		Other Children in Need of Service (110)	
Trait	No.	%	No.	%
Difficulty with school work	140	70.7	57	51.8
Behavior problem at school	122	61.6	33	30.0
Cuts classes	112	56.6	35	31.8
Appears to have poor relationship with parents	115	58.1	44	40.0
Hard to handle	117	59.1	37	33.6
Fights a lot with siblings	92	46.5	55	50.0
Refuses to help around the house	67	33.8	37	33.6
Steals from parents	28	14.1	8	7.3
Has run away from home	62	31.3	15	13.6
Aggressive, gets in many fights	71	35.8	26	23.6
Has temper tantrums	73	36.9	27	24.5
Gets in trouble because of sexual behavior	20	10.1	5	4.5
Has few or no friends	50	25.2	33	30.0
Is withdrawn	57	28.8	32	29.1
Does not get along with other children	58	29.3	32	29.1
Does not accept responsibility	86	43.4	37	33.6
Is easily influenced by others	78	39.4	41	37.3
Is picked on by other children	54	27.3	25	22.7
Is immature for age	98	49.5	46	41.8
Demands a lot of attention	99	50.0	44	40.0
Has speech difficulties	12	6.1	6	5.4
Wets bed	6	3.0	9	8.2
Lies a lot	47	23.7	12	10.9
Has limiting physical disability	11	5.6	6	5.4

Staff were optimistic, however, about the response of these youngsters to service, for they regarded barely one-fifth as showing little concern about the problem and only a handful as having little capacity for change.

Services Planned

The Intake Schedule closed with a section asking the staff member to estimate the probable duration of service and to indicate the services to be provided by the Family Reception Center, noting the family member to receive the service and the objective of the service, and to rank the five most important services in order of their importance for dealing with the primary problem for which the child or children were referred to FRC.

The probable length of time required to provide the services needed was as follows:

	No.	%
Under 3 months	23	11.6
3 but under 6 months	14	7.1
6 but under 9 months	33	16.7
9 months but under 1 year	15	7.6
1 year but under 2 years	39	19.7
2 years or more	5	2.5
Indeterminate	69	34.8

Thus, a little less than a fifth of the cases were expected to terminate within 6 months, and a little more than a fifth to continue beyond a year, but for more than a third no estimate could be made of probable duration.

Provision of social/cultural activities was the single service most often planned for the mothers (31%), and its objective was to enhance their social functioning and combat their isolation and lack of activities outside their households. (See Table 4-10) Individual casework to improve parental functioning and emotional adjustment (29%), and family casework to enhance parental functioning (28%) followed closely. Family group therapy, also concerned with parental functioning, ranked fourth in frequency (19%).

Table 4-10

Services Planned for the Mothers and Fathers

	Mothers (186)*		Fathers (97)*	
Service	No.	%	No.	%
Individual casework	53	28.5	8	8.2
Family casework	51	27.4	24	24.7
Family group therapy	35	18.8	26	26.8
Peer group therapy	20	10.8	4	4.1
Family life education	27	14.5	11	11.3
Psychiatric consultation	7	3.8	3	3.1
Social/cultural activities	57	30.6	16	16.5
Referral	13	7.0	4	4.1

Staff expected to involve few fathers in individual casework (8%) but to engage about one-fourth of those available in family casework (25%) and in family group therapy (27%) with a view to their better functioning in the parental role.

In the services planned for the 308 children, one sees in Table 4-11 some differences between the referred children and others in need of service.

Individual casework, peer group therapy, psychiatric consultation and crash pad admission were more often planned for the children originally referred than for their siblings. On the other hand, family casework, family group therapy and social/cultural activities were a little more frequently planned for other youngsters in the family. For both groups, however, individual casework, peer group therapy and social/cultural activities were the services most often planned.

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*Service was planned for 2 mothers and 2 fathers not living in the child's household.

Table 4-11

Principal Services Planned for Children at Intake

Service	Children Initially Referred (198)		Other Children (110)	
	No.	%	No.	%
Individual casework	99	50.0	19	17.3
Family casework	46	23.2	30	27.3
Family group therapy	35	17.7	33	30.0
Peer group therapy	88	44.4	34	30.9
Psychiatric consultation	30	15.2	7	6.4
Crash pad admission	40	20.2	11	10.0
Educational advocacy	33	16.7	14	12.7
Social/cultural activities	94	47.5	64	58.2
Referral	32	16.2	14	12.7

The objectives of the service follow logically from the nature of the service. Family casework and family group therapy had as their objective in most instances enhancement of the child's functioning within the family. Individual casework was usually to be directed toward the better emotional adjustment of the child. Peer group therapy was aimed towards improved social functioning, emotional adjustment and behavior. Educational advocacy was, of course, planned to deal with problems of school achievement and behavior, while participation in the social activity/cultural enrichment program was anticipated to enhance the child's social functioning.

Finally, the staff member was asked to rank the planned services in relation to the primary problem that brought the family to the Family Reception Center. Table 4-12 shows the frequency with which each service was rated first or second in importance, or as one of the first five. Omitted from the table are cases in which "other" services were assigned high priority and those in which rankings were missing. Individual casework and peer group therapy were the services most frequently ranked of first importance, and were also those that most often appeared among the first five. Social activity/cultural enrichment was clearly seen as an ancillary service, as it was rarely accorded first importance but appeared among the first five in nearly half the cases.

Table 4-12

Ranking of Services in Order of Importance

Service	First		Second		One of first five	
	No.	%	No.	%	No.	%
Individual casework	59	29.8	43	21.7	114	57.6
Peer group therapy	49	24.7	24	12.1	96	48.5
Family group therapy	25	12.6	5	2.5	35	17.7
Family casework	15	7.6	10	5.0	45	22.7
Social/cultural activity	8	4.0	23	11.6	95	48.0
Crash pad	5	2.5	8	4.0	42	21.2
Educational advocacy	3	1.5	6	3.0	27	13.6
Referral	3	1.5	11	5.6	32	16.1
Family life education	2	1.0	20	10.1	28	14.1
Psychiatric consultation	1	0.5	3	1.5	17	8.6

Chapter 5

SERVICES AND THEIR OUTCOME

As will be recalled, the 198 continued-service cases had come to the attention of the Family Reception Center between the Center's opening on October 1, 1972 and February 1, 1974. Data on service input and case outcome were furnished by staff on Outcome Schedules completed at case closing or on May 1, 1974 if the case was still open. Thus cases had a potential duration from 3 months for those opened immediately before the cutoff date for entering the evaluation, to 19 months for those opened at the beginning of the program. The distribution of the cases according to potential service duration, based on month of case opening was as follows:

	No.	%
3 but less than 6 months	32	16.2
6 but less than 9 months	27	13.6
9 but less than 12 months	23	11.6
12 but less than 15 months	40	20.2
15 months or more	76	38.4

Thus, the cutoff dates limited only 16% of the cases to less than 6 months of service, and permitted close to 60% a year or more of service. Actual duration of service was very much shorter than this potential. When the Outcome Schedule was submitted, 38% of the cases had been open less than 6 months, 33% from 6 to 12 months, and only 29% for 12 months or longer. The information on the length of time cases were open is given in greater detail in Table 5-1. Only 81 or 41% of the cases had been closed, while the majority were still open in FRC. It is interesting to compare the length of service on the two groups, cases already closed and those still open. The closed cases had a considerably shorter duration, on the average, than the cases that were still open. This reflects a general pattern in FRC to close cases only if the client disengages himself or external factors lead to discontinuance, and to keep open cases in which the family continues to indicate interest in continuation as well as cases that may have been inactive for some time but in which it is anticipated that a family member will return from time to time. The request for Outcome Schedules by May 1 led to closing of some cases, as staff reviewed them and concluded that resumption of contact was unlikely. Thus the length of time cases are open does not necessarily reflect the period during which they are active in the sense of receiving service.

Table 5-1

Length of Time Cases Were Open

Length of Service	Total		Closed		Still Open	
	No. (198)	%	No. (81)	%	No. (117)	%
Under 2 months	5	2.5	5	59.2	--	23.9
2 and under 4 months	30	15.2	22		8	
4 and under 6 months	41	20.7	21		20	
6 and under 8 months	40	20.2	21	37.0	19	29.9
8 and under 10 months	11	5.6	4		7	
10 and under 12 months	14	7.1	5		9	
12 and under 15 months	21	10.6	2	3.7	19	46.2
15 and under 18 months	32	16.2	1		31	
18 months and over	4	2.0	--		4	

As an introduction to consideration of service input, Table 5-2 shows the number and percentage of parents and children receiving each of the major types of service provided by FRC. Since children and youth are the central concern of the program, we shall discuss first the services received by the children and then turn to the services used by the parents.

Table 5-2

Services Received by Children and Parents

Services	Children Referred (198)		Other Children (110)		Mothers (188)		Fathers (93)	
	No.	%	No.	%	No.	%	No.	%
Individual casework	146	73.7	48	43.6	128	68.1	24	25.8
Family casework	95	48.0	58	52.7	97	51.6	37	39.8
Family group therapy	12	6.1	14	12.7	12	6.4	10	10.8
Peer group therapy	85	42.9	28	25.4	25	13.3	2	2.2
Family life education	7	3.5	1	0.9	19	10.1	1	1.1
Psychiatric consultation	50	25.3	14	12.7	18	9.6	6	6.5
Educational advocacy	66	33.3	30	27.3	19	10.1	4	4.3
Crash pad residence	50	25.3	14	12.7	3	1.6	0	--
Social/cultural activity	87	43.9	49	44.5	44	23.4	7	7.5

Services to Children

This discussion of services to children is confined to the 308 children recognized by staff as in need of service when they completed the Intake Schedule. It was not uncommon for service to be extended to other children in the family as their needs became apparent later in contact, but because of the incompleteness of our information on these children we have not attempted to include them in the analysis. Review of the Outcome Schedules indicates that in only one or two cases did the focus of service shift to a child not identified at intake as in need of service. It is important, however, to recognize that this report understates, to some extent, the number of children served and the extent of service.

Almost three-fourths of the children referred received individual casework interviews, as did more than 40% of their siblings who were deemed in need of service. About half of both groups participated in family casework interviews, that is interviews involving more than one family member but concerned with the needs of an individual member, usually the child. The number of individual and family casework interviews is detailed in Table 5-3. As is apparent from the table, the number of individual interviews varied widely across cases, with the median approximately 9 interviews for the referred children and 4 for their siblings. It was uncommon, however, for children to receive more than 4 family casework interviews.

Table 5-3

Children's Individual and Family Casework Interviews: Total Number

Percentage Distribution

	Individual		Family	
Number of Interviews	Children Referred (198)	Other Children (110)	Children Referred (198)	Other Children (110)
None	26.3	56.4	52.0	47.3
1 - 4	19.7	23.6	26.8	32.7
5 - 9	19.7	8.2	14.1	12.7
10 - 14	10.1	2.7	4.5	4.5
15 - 24	13.1	5.5	2.5	2.7
25 - 40	10.6	3.6	--	--
Unknown	0.5	--	--	--
	100.0	100.0	100.0	100.0

The time span over which the casework interviews extended also varied widely, with substantial numbers of the children receiving such service for no more than 3 months, for 4 to 6 months, and for 7 months or longer. The number of casework interviews and duration of casework service are combined in Table 5-4, which shows the average number of interviews per month, an index of the intensity of service. For the referred children who received any individual or family casework interviews, the median was 3.2 per month, and for the other children it was 2.1. The figure of 3.2 for the referred children, or nearly once a week, is an impressive figure, particularly in view of the common assumption that children and youth are not readily engaged in casework.

Table 5-4

Children's Individual and Family Casework Interviews

Percentage Distribution

Average Number per month	Individual		Family		Individual and Family	
	Children Referred (198)	Other Children (110)	Children Referred (198)	Other Children (110)	Children Referred (198)	Other Children (110)
None	26.3	56.4	52.0	47.3	19.7	30.0
Under 1.5	23.2	21.8	24.2	23.6	18.7	25.4
1.5 - 2.5	14.6	13.6	12.1	13.6	13.6	15.5
2.5 - 3.5	12.1	1.8	4.1	10.0	11.1	15.5
3.5 - 4.5	10.1	1.8	4.5	4.5	11.6	6.4
4.5 - 5.5	2.0	1.8	2.5	0.9	6.6	1.8
5.5 - 7.5	6.1	0.9	0.5	--	10.6	4.5
7.5 and over	5.0	0.9	--	--	7.6	0.9
Unknown	0.5	0.9	--	--	0.5	--
	100.0	100.0	100.0	100.0	100.0	100.0

Peer group therapy was the other clinical service provided to a substantial number of the children--43% of those referred and 25% of the other children. The number of group sessions attended ranged from one to well over 20, with the median approximately 12 sessions. On the cases receiving psychiatric consultation up to 8 consultations were held.

Educational advocacy activity was an important service for some of the children with school difficulties, particularly those for whom grade placement seemed inappropriate. Such activity typically entailed about four contacts with the child and an equal number with other organizations, although in some cases only a single contact was involved and in others more than a dozen.

Admission to the crash pad was crucial in many of the emergency situations referred to FRC. Fifty of the children we have treated as initially referred were admitted to the crash pad, as were 14 of the others. Most of the latter were in fact also referred for this service. Half of these youngsters were discharged within a month, but about a fourth remained from one to two months, and a fourth stayed more than two months.

The social activity and cultural enrichment program attracted 44% of both the referred children and the others. We have no data on the extent of their participation, but it is our impression that it varied in much the same way as other services, with some children in and out of the Center very frequently and others taking part only in isolated or occasional activities.

Thirty-three children received services other than those listed in Table 5-2. These took the form principally of psychological testing and consultation, tutoring and material assistance.

Services to Parents

The Outcome Schedules included information on 188 mothers and 93 fathers, as compared with the 184 and 95 included on the Intake Schedules. These slight differences reflect changes in household composition, as well as a few instances of contact with a parent not actually in the household of the children served.

All but 27 of the 188 mothers received some service, with two-thirds receiving individual casework and half receiving family casework. As in the case of the children, there was wide variation in the extent of casework contact with the mothers, with many having only a few interviews but an appreciable number having 15 or more. For mothers having interviews, the median was 6.5 for individual and 4.6 for family casework interviews. (See Table 5-5 for the detailed distribution.)

Table 5-5

Parents' Individual and Family Casework Interviews: Total Number

Percentage Distribution

Number of Interviews	Individual		Family	
	Mothers (188)	Fathers (93)	Mothers (188)	Fathers (93)
None	31.9	74.2	48.4	60.2
1 - 4	29.3	16.1	28.2	21.5
5 - 9	14.9	3.2	14.9	9.7
10 - 14	10.6	2.2	3.7	2.2
15 - 24	6.4	2.2	4.3	5.4
25 - 40	6.4	1.1	0.5	1.1
Unknown	0.5	1.1	--	--
Total	100.0	100.0	100.0	100.0

Not only were fewer fathers than mothers available, but a smaller proportion of those available--53 of 93 or 57%--received direct service. The fathers were more likely to have family (40%) than individual (26%) casework interviews. The median number of family casework interviews was 4.6 and the median number of individual interview was 3.8 for fathers receiving these services.

The intensity of the mothers' casework contact (individual and family interviews) ranged from less than one per month to more than 10 per month, with the median 2.4 casework interviews per month. For the 47 fathers who received individual and/or family casework interviews, the median was 1.9 contacts per month.

Table 5-6

Parents' Individual and Family Casework Interviews

Average Number per Month
Percentage Distribution

Average Number per Month	Individual		Family		Individual and Family	
	Mother (188)	Father (93)	Mother (188)	Father (93)	Mother (188)	Father (93)
None	31.9	74.2	48.4	60.2	21.3	49.5
Under 1.5	30.8	12.9	25.5	20.4	25.0	20.4
1.5 - 2.5	14.4	4.3	14.4	9.7	16.5	10.8
2.5 - 3.5	9.6	3.2	5.3	5.4	8.5	6.4
3.5 - 4.5	5.9	1.1	2.7	2.1	10.1	3.2
4.5 - 5.5	5.3	3.2	2.7	1.1	6.9	5.4
5.5 and over	1.6	--	1.0	1.1	11.2	3.2
Unknown	0.5	1.1	--	--	0.5	1.1
	100.0	100.0	100.0	100.0	100.0	100.0

A much smaller number of parents participated in family group therapy (12 mothers and 10 fathers) or in peer group therapy (25 mothers and 2 fathers). On the average, the participants in these programs attended about five sessions.

The social activity and cultural enrichment program engaged nearly a fourth of the mothers but only a handful of the fathers. It included not only activities at the Center but for some of the mothers a weekend away from home, a new experience for these home-bound parents. This program, as well as the peer group therapy program, was much more closely related to the needs of the mothers for contact outside the home, broadening of horizons, and opportunity to share mutual concerns. As is shown in Table 5-2, presented earlier, about 10% of the mothers were also involved in family life education sessions and about 10% in educational advocacy.

It is clear from these data that the Family Reception Center program engaged a great many of the mothers in a variety of services directed to their own needs and to those of their children. Although the program reached fewer of the fathers, the fact that nearly 60% of those available had some direct service is noteworthy. The success of staff in enlisting participation of children referred, their siblings and their mothers is striking, if one compares the proportion actually receiving the various services with the service plans. Except for family group therapy and the social/cultural activity program, the number and proportion of participants exceeded the expectations of staff at intake. Even in the case of the fathers, many more received individual and family casework than was anticipated.

Service Outcome

Although the staff of the Family Reception Center is always ready to deal with crisis situations, the major role of the Center appears to be that of a resource that is continuously available to the families of the neighborhood to sustain them in the face of multiple problems. Children and their parents are encouraged to come for counseling, for help in dealing with the various organizations and systems in the community, and for social outlets and cultural opportunities. Cases tend not to be closed when an immediate problem is resolved, but rather when clients disassociate themselves from the program.

Evaluation of the outcome of the services of the Family Reception Center can be approached in various ways. The number of referrals to the program and the number of families who utilize its resources attest to its meaningfulness to the community. Many dramatic case examples have been presented by staff where the outcome for the children and their families would have been bleak, if not tragic, in the absence of the investment by FRC staff in multiple activities to prevent such consequences. The value of the program to youngsters who have participated is clear from the follow-up interviews, which will be reported subsequently.

All of these are indices of success of the project, but more direct measures of the outcome of service were sought. We used two approaches: first, examination of certain behaviors and conditions at intake and again at the time the outcome schedules were completed, and, secondly, obtaining the judgment of the worker on the extent to which service objectives were attained.

Changes during Service: A comparison of pre- and post-treatment behavior and conditions is theoretically a sound way to identify changes that may be associated with a program. In actuality it has many pitfalls. Judgmental data, such as assessments of emotional health or adequacy of care, are susceptible to error, with different judges rating differently and even with the same judge rating differently at different times. As a result, apparent gains or losses may reflect errors in judgment, and real gains or losses may likewise be cloaked by such errors. Another problem lies in the fact that pre-service judgments are made on the basis of less information than post-service judgments, which take account of problems that may not have come to light earlier. Without a control group for comparison, it is, of course, not justifiable to attribute changes to service, and without such a comparison group it is impossible to assess the effect of errors in judgment and differences in available information on apparent changes.

Furthermore, for many of the children served, positive changes in behavior, attitudes and emotional health were long-range goals that could not be achieved within the study period. For these seriously disturbed children already at odds with society the initial objective was to sustain the child and his family--that is to prevent deterioration of functioning or exacerbation of problems--and so to avoid the child's involvement, or deeper involvement, with the correctional system. Successful sustainment may not be accompanied by measurable positive change but is the essential underpinning for such change.

Pre- and post-data on the emotional state of the children show almost identical distributions, whether one looks at the 198 children referred or the entire group of 308 children in need of service. In describing the children in Chapter 4, we listed a number of negative behavioral and attitudinal characteristics, indicating the percentage of children who exhibited such characteristics at intake. Similar data at outcome show relatively small differences in the proportions of children presenting the various traits. The incidence of some of these characteristics appeared to increase slightly, and for others it decreased. Real improvement in interpersonal relations with peers is suggested by small decreases in the number and percent of children reported as having few or no friends, being withdrawn, being picked on by other children, and not getting along with other children.

When the characteristics of the parents are compared on the intake and outcome schedules, the distributions are again very similar, with some modest differences. One item that illustrates well the effect of greater knowledge of the individual rather than the effect of service is the report of only five poor money managers among the mothers at intake but 27 on the outcome schedule.

Finally, with respect to adequacy of child care, none of the four items showed appreciable change in distribution from Intake to Outcome Schedule. In view of the extent of parent involvement in service, the children's enthusiasm about the service, and staff conviction of gains achieved, these findings were unexpected. We can only conclude that staff optimism about the strengths of the parents strongly colored their initial ratings.

Attainment of Service Objectives: Our second measure of service outcome was the worker's judgment of the degree to which service objectives had been attained in the individual case. The objectives of service are clearly a logical yardstick against which to measure accomplishments. This criterion of effectiveness, however, has its own limitations, for the likelihood of success is, in part at least, a function of the ambitiousness or caution of the worker in setting goals. Consequently, one worker's success may be another worker's failure. Despite this problem, we believe the goals or objectives toward which service is directed are the best available criterion of effectiveness. If the goal is evaluation of the needs of a case and planning for service elsewhere, service toward this goal may be effective even if no changes are yet achieved in resolving the problems in the child, his parents or his environmental situation. Conversely, if the objective is drastic change in the family and only modest change is effected, service objectives are appropriately judged as obtained to only a limited degree.

Objectives were judged to have been attained to a great or considerable extent in nearly half the cases (48%), and in less than 10% was no progress toward service objectives recognized by the worker. It will be recalled that 117 of the cases were still receiving service, or at least considered "open," on May 1, while 81 had been closed. Outcomes were a little better among the cases still open, although the difference was not statistically significant. The percentage distribition of the cases with respect to the degree to which service objectives were attained was as follows:

	Cases Closed (81)	Cases Open (117)	Total (198)
To a great degree	14.8%	12.8%	13.6%
To a considerable degree	24.7	41.0	34.3
To a limited degree	46.9	40.2	42.9
Not at all	13.6	6.0	9.1

In 66 of the 103 cases in which objectives were achieved to only a limited degree or not at all, the worker attributed lack of success to the unwillingness of child and/or parents to participate, or their limited participation, in the program. In many of the other cases multiple, chronic problems were given as the reason for lack of accomplishment of objectives.

Two of the general goals of the Family Reception Center program were to divert children from the juvenile justice system and to avoid prolonged placement of children away from home and neighborhood. Inadequate data were available on the children's involvement in the juvenile justice system to judge the extent of success with relation to the first of these goals. More adequate data are available on the placement experience of the 308 children deemed in need of service. According to staff reports on the Outcome Schedules, from the time of case opening only 30 children or just under 10% were placed away from home in facilities other than the crash pad or other temporary care facility, and only one of these entered a correctional institution. Thirteen were placed in group homes, 7 in institutions for treatment of emotionally disturbed children, 2 each in foster family homes and institutions for dependent children, and 5 in other facilities including maternity homes.

Factors Associated with Success

In analyzing the data with a view to identifying factors associated with successful outcomes, degree of success in attaining service objectives was the measure of outcome used. The 95 cases in which objectives were accomplished to a great or considerable degree were compared with the 103 in which little or no progress was made in attaining service objectives, with respect to a number of case characteristics at intake and a number of service variables. These comparisons are detailed in Appendix Tables A and B. All differences subsequently referred to as significant are differences large enough to have occurred by chance less than once in 20 times, as indicated by a chi-square test.

Neither the age nor the ethnic group of the child referred was related to outcome, but the sex of the child was, with cases in which a girl was initially referred showing significantly greater success than cases referred in relation to a boy's problems. If the child referred had from one to four siblings, outcome was significantly more favorable than if he was an only child or he had five or more siblings.

The emotional state of the child at intake showed a puzzling relation to outcome. Significantly better success was achieved in attaining service objectives if the child was assessed initially either as normal or seriously disturbed than if he or she was described as somewhat disturbed. Staff investment in the seriously disturbed child, who presented a special challenge and for whom other services are very sparse, apparently paid off.

Not surprisingly, results as measured by attainment of service objectives were significantly better in cases of children who were self-referred than of those who came at someone else's behest. Schools and the court were the two major organizational sources of referral. Referrals from the court did no better or worse than cases that came to FRC through all other routes. On the other hand, less successful outcomes were reported for referrals from the schools than those from other sources. This is another puzzling finding, in view of the enthusiasm of the schools about the program and their continued heavy use of it. Two factors appear to account for it. The finding is affected by the inclusion of children with serious behavior problems for whom a special school program was developed during FRC's first year of operation. This program petered out for reasons external to FRC before about 15 of these children and their parents had become involved in other services of the Center. A very different factor is limitations in the school program, which made it difficult to deal with the child's problem without modification of his school experience. The opening of the mini-school cited in Chapter 1 was prompted by recognition of the essentiality of altering the school experience for some of these children.

The reason for referral, as well as the source of referral, was related to attainment of service objectives. If the referral was prompted by the child's behavior, outcome was less successful than if the referral source saw the problem as lying elsewhere. Favorable outcomes outweighed unfavorable outcomes in cases referred because of parental behavior, parent-child relationships, or the child's need for socialization, but the numbers in each of these three categories were too small for the differences to be statistically significant.

The amount and kinds of service received by the children referred, their mothers and their fathers were examined in relation to goal achievement. The nature and amount of service was strongly associated with outcome, but the duration of service was not, probably because intensive service tended to concentrate in a relatively short period of time. Results were significantly better in cases in which the child received 10 or more individual casework interviews than in all other cases, and than in cases in which the child received 1 to 9 interviews. Results were significantly better in cases where the child participated in at least 4 family casework interviews. Objectives were more likely to be attained if the child had individual or family casework interviews once a week or oftener, than if casework service to the child was less intense.

The one other service to the child that was strongly associated with goal attainment was crash pad admission. Of the 50 cases involving admission to the crash pad of the child referred, objectives were achieved to a great or considerable extent in 36. These cases include some in which brief residential care led to resolution of an acute situational problem, as well as cases in which the period in the crash pad permitted necessary evaluation and planning.

One service to the child in which quantity was negatively associated with goal achievement was educational advocacy contacts with other organizations. When the school problem was sufficiently difficult to require 5 or more such contacts, the case outcome was less likely to be favorable.

In contrast with the strong relation of the child's receipt of intensive casework and residential care to goal achievement, no significant relations were found between the type or amount of service to the parents and case outcome, with one exception. Outcome was better in the few cases in which the mother received psychiatric consultation. It should be remembered, however, that in most of the cases in which the mother was available she was involved to some degree in service. Over half the available fathers received some service contacts, but whether or not they did had no relation to accomplishment of service objectives.

Thus girls, children with some but not too many siblings, youngsters who came to FRC on their own initiative, and children who applied or were referred to the Center because of problems other than their own behavior had relatively favorable outcomes. In cases of children who had substantial and intensive casework service or had a period of residence in the crash pad, service objectives were more likely to be accomplished. Some of these variables are interdependent for example, children who were self-referred could be expected to take fuller advantage of the casework services offered. The extent of service received by the parents had little relation to attainment of service objectives, but there were few cases in which available parents were not involved to at least some degree.

Chapter 6

THE VIEWS OF TEENAGERS AT FOLLOW-UP

A feature of the second year's research was follow-up interviews with selected children to obtain their views of the program as a supplement to the judgments of staff about them. The original plan was to seek interviews only on closed cases and to schedule these within a month of closing. Because of the slow rate of case closing, it became quickly apparent that the interviewing would have to be extended to open cases if more than a handful of cases were to be followed up. We started with cases that had been open at least a year, but decreased the minimum service period for open cases to six months as the interviewing progressed.

Cases were due for follow-up 1) that were in the continued-service group, 2) that had closed for any reason other than referral to Children and Youth Development Service or placement in the facilities of another agency, or that had been open at least 6 months, 3) that included a child at least 12 years old at the time of follow-up, and 4) that had not moved out of New York City. The restriction to continued-service cases was dictated principally by pessimism about locating the early discontinuers. Closings because of referral to CYDS were omitted because of the probable lack of distinction in the child's mind between FRC and CYDS and interviews with children placed with other agencies were not planned lest these intrude on the child's relation with the other agency. The lower age limit of 12 years was set as we believed a different approach and interviewing skill would be required for younger children, and we were uncertain of the payoff in interviewing preteenagers.

Finally, families who had moved out of New York City were eliminated because of the problem of locating them and the time costs of interviewing outside the city. If in an eligible case more than one child over 12 had received service, it was planned to interview the one who had had greatest involvement in the program.

FRC staff were asked to inform the research staff as soon as it was planned to close a case, and to send us information on current address, the identity of the child to be interviewed, how best to locate the child, and whether the worker had alerted the child to the fact a researcher would be in touch. On all cases open a specified time, a researcher sent slips to FRC requesting information comparable to that on closings. FRC staff were encouraged to alert the child to the fact that someone not on the staff might want to talk with him or her to get his/her ideas on the program. Staff were most cooperative in this. In many instances they believed the youngster would prefer to be interviewed at the Center and volunteered to set up appointments there for research interviews.

Research interviewing was scheduled for the five months from December 1973 through April 1974. Research staff identified 100 cases that appeared to meet our criteria. Six of these were eliminated as they were found to have been closed several months earlier. Others proved to be ineligible for follow-up because of referral to CYDS or other reasons. Interviews were sought in 65 cases and 61 were eventually obtained.

The interviews were conducted by two social workers who had had experience with youth. The interviewers worked closely with FRC staff in planning interviews and sent personal letters to the youngsters about the purpose and timing of the interviews. So few appointments were kept in the early phase of interviewing that we were tempted to give up the whole plan, but the interviewers were persistent, trying at least three times and sometimes more to connect up with the prospective interviewee. They learned to over-schedule interviews, knowing that only one or two youngsters would show in an afternoon or evening when half a dozen might be scheduled.

The interviews were guided by a schedule that included questions on how the youth happened to come to the Center, what programs he had used, what he liked and disliked, where he would steer friends for various types of problems and interests, how he was getting along in various areas, and how he felt about himself.

The 61 young people interviewed cannot be regarded as representative of all children referred, or even of the 198 cases that continued beyond brief service. The age criterion placed most of the interviewees in the upper half of the age range served. Those who had disengaged themselves from the program were unlikely to respond, and some of those who had participated extensively in service were excluded because of their referral to the CYDS program next door. Nonetheless, there was considerable diversity among the interviewees, not only in characteristics such as sex and ethnic group, but in extent of service, the success of the service as judged by the worker, and the youngsters' attitudes toward the program. They included 23 boys and 38 girls. Twenty-five were white, 9 black and 26 Spanish surnamed and the ethnic background of one was unknown. Most were still receiving service, or at least their cases were still considered open in FRC, but 11 cases had been closed prior to the interview assignment. And most had received service over a substantial period of time: only 4 for less than 6 months, 21 from 6 to 12 months, and 36 for over a year.

Although the responses of the 61 youths may not be typical of the much larger number who have used the services of FRC, they add another dimension to the picture or the program of the Center.

Initial Contact with FRC

Fifteen of the young people interviewed said that they first heard of the Center from their parents or other relatives, and 13 from friends. Other common sources of information about FRC were "someone at school" (10) and the court (9). Six mentioned other agencies, four learned about FRC from their churches, one from the police, and three had had direct contact with FRC staff.

When asked how they happened to go to the Center in the first place, half (31) mentioned trouble with family. Trouble in school (16) and social reasons, such as meeting others their own age, being with friends, or having a place for activities (14), were the next most common reasons. Eight needed practical help in a diversity of forms, including placement, a job, tutoring, and in one instance an abortion. (As about one in five gave more than one reason, the numbers here exceed 61.)

Most of those interviewed felt that they had a choice about whether or not to go to FRC. Only 13 said that they had to go, in 5 instances because of court pressure and in 3 because of parental pressure. School (2), referring agency (2) and police (1) were the other authorities compelling attendence.

Reactions to the Program

The interviewer inquired which of the various programs the young people had been involved in,in order to have a basis for inquiring tbout their reactions to the services received and the helpfulness of the services. Most reported a range of service, with only a handful mentioning just casework or other therapy and a similarly small number citing only social or recreational activities.

About two-thirds (42) of the interviewees said that they like the Center, while 12 thought it "so-so" and 7 said they didn't like it. Twenty-three had been less enthusiastic when they first came, but 12 had the opposite reaction. Despite the lukewarm or negative sentiments of a third, their perception of the staff and the program was strongly positive, if one accepts their responses when asked if the following statements were or were not true of the Center:

	True	Not True
There is always something fun to do	56	5
They help kids and their parents get along together	57	4
They tell people what to do and don't listen to them	9	52
They really care about kids	59	2
They always try to help	58	3
They don't seem to give a damn	3	58
They just talk but don't really help	5	56
They always have time to talk when you have something on your mind	53	8

We were interested in whether the respondents perceived any change in their situations over the period when they had come to the Center, without asking directly whether the program had had any particular results. The youngsters were asked how they were getting along with their families, their teachers and their friends, and "all in all how . . . .things are going" as compared with a date that was about the time they had first come to FRC. Their responses as shown in Table 6-1 indicated that 44 of the 61 reported that in general things were going better. In each of the three areas specified, about half reported gains. About a sixth reported things worse in each of these respects, except getting along with friends on which only two youngsters reported negative change.

Table 6-1

Changes in Situation Since Entering Program

	Better	Same	Worse
Getting along with family	34	18	9
Getting along with teachers	30	22	8
Getting along with friends	33	26	2
All in all how things are going	44	8	9

Another way we attempted to elicit reactions to FRC program without asking directly was by finding out whether the children thought of it as an appropriate resource for various problems. The interviewer introduced these questions by saying: "Kids have all kinds of problems. We're interested in where kids around here would go for help. For example, if you had a friend who wanted a place to hang out or a place to play, where would you suggest he go?" This was followed by questions about problems with school, with family, with the law, with drugs. All but one mentioned FRC, and 46 of the 61 mentioned it for three or more of the five problems posed. Almost all of the respondents would refer friends with family or school problems to FRC.

Finally, the interviewer reviewed each of the services the youngster had cited, and asked, with respect to each, if the respondent would tell a little about it and whether he or she felt it had helped. Their replies were fascinating, poignant and usually reassuring about the importance of the program and particularly of the availability of an understanding person who cared about these youths and their concerns.

The youths interviewed were in many instances very positive in their comments about individual casework, although not all shared this attitude. Recurrent comments were to the effect that it helped to get things off one's mind, to be able to talk about one's problems, "to have someone to turn to who listens and understands," to get advice. Some found peer group therapy helpful in understanding other people and oneself--"when you see people with the same problems, it makes you feel better and you get closer to them." Others valued family casework and family therapy because it "helped us to come together," provided a chance to talk together, helped family members to understand each other. But a number found it difficult to talk in front of others, and greatly preferred their individual contacts with the caseworker. One senses a strong need for a concerned adult whose attention need not be shared with peers or family members when the child's own problems are pressing. The fact that the youngsters were not held to a strict appointment schedule and that staff tried to make themselves available as needed probably contributed a good deal toward these positive responses to casework.

The gains from their individual casework contacts were expressed in a variety of ways.

> "I can talk more to everyone and work out things for myself."
>
> "It cooled me off."
>
> "The change in me, the way I behave. I've become more mature."
>
> "I used to get into a lot of trouble before. Now I don't and I always have a place to go for help if I do."
>
> "I feel I'm a better person. If I have a problem, I call her or come down. . .Coming to the Center helps you to feel better. Get your mind clear and then you can help yourself."

One particularly literate respondent is reported as saying: "I became more enlightened, more aware of my responsibilities and the consequences of my behavior."

Sixteen of the respondents had been admitted to the crash pad. With one exception their reactions were very positive. Their explanations of how it helped were quite varied. A few examples follow:

> "I feel more relaxed. I enjoy being with other kids and having somewhere to stay besides home."
>
> "It helped. It made me realize that things were really better at home--where I had more freedom."
>
> "I had a lot of people to share things with. I wasn't alone."
>
> "I had my own room and could think for once. I made a really good friend with similar problems. We shared a lot."
>
> "I liked it. Me and my sisters got to stay together."
>
> "I liked it. It was like a home. I had snacks at night. At home we hav to ask for everything and cook for ourselves."

A number referred to the recreational/cultural enrichment activities as fun, as providing opportunities to meet new people and learn new activities, as offerin something to do besides hanging around. This program also elicited a good many negative comments, particularly from youngsters who had participated in the early period of FRC. Some complained about tough, destructive kids, fighting, and lack of staff control, and others objected to the age range of participants. Some of these difficulties, which reflected tension between ethnic groups, may have lessen with greater association. The problem of mixed age groups was reduced, if not entirely resolved, by developing more groups with limited age range.

Overall Evaluation of Helpfulness

Two of the research staff reviewed the interview forms and attempted to judg from the total responses how the youths would assess the helpfulness of the servic of FRC, as we had not asked for such a global evaluation. Many of the replies were difficult to place on a scale of helpfulness. In our best judgment the youngsters' assessment of the helpfulness of service was as follows:

	No.	%
Very helpful	23	38
Helpful	26	43
Of little or no help	12	19

Thus, 38% felt that they had benefited greatly, and an additional 43% implied that they had derived some benefit.

We looked at these responses in relation to sex, ethnic group, length of service, and whether the case was still open at the time of the follow-up interview. Few differences appeared. Approximately equal proportions of boys and girls implied that the service had been helpful, with the boys a little more likely to give the most enthusiastic response. The Spanish-surnamed children responded positively a little more often than the other ethnic groups, but the differences were slight, with 76% of the white, 78% of the black, and 85% of the Spanish-surnamed interviewees reporting service helpful or very helpful. Similarly, responses varied only slightly with length of service and whether still receiving service. With respect to the last variable--whether the case was still open--it should be recognized that the dissatisfied discontinuers whose cases had been closed were unlikely to be reached for a follow-up interview.

We were also interested in possible variations in the client's evaluation of the help received and his feeling about himself. To get some notion of the self concept of these young people, the interviewer read eight statements (e.g., "I feel that I'm as good as other people," "On the whole, I am satisfied with myself") and asked if each described the respondent most of the time, sometimes, hardly ever or never. The responses were scored from 1 for the least positive to 4 for the most positive, so that the eight items had a potential range in score from 4 to 32. The actual range was 11 to 31, with 11 respondents scoring under 20, 34 scoring from 20 to 24, and 16 scoring 26 or above. The actual scores have little meaning in themselves on this ad hoc instrument. They do, however, suggest considerable diversity in the youngsters in their sense of self-worth. Neither the degree of help that they perceived nor the change in how they reported they were getting along with family or in general showed any consistent relation to the self-concept score. If the score has any validity, this is an indication that the service was meaningful to children who were quite secure as well as to those who were struggling with the self-doubts typical of the adolescent.

Finally, the interviewee's apparent view of helpfulness was compared with the worker's judgment of the degree to which service objectives were attained. The workers were a little more conservative in their evaluations, reporting little or no progress in 22 cases, while only 12 of the youths reported little or no help. The two points of view were generally in accord; however, as may be seen from Table 6-2, this was not always the case. In 5 cases where the interviewee considered the service very helpful, the worker felt that limited or no progress had been made toward attaining service objectives. For example, in one case in which the boy had considerable casework service early in contact and was helped to get a job, the worker was encouraged about early progress, particularly the boy's better control of his temper, but later he ceased to keep appointments and the case was kept open only because the mother occasionally phoned for "emergency aid." Service goals were considered as attained to only a limited extent in this case. However, the boy reported he was getting along better with family, teachers and friends. Some of his comments were as follows: "They help people with problems to bring them into dealing with reality. . . I was confused before I went and they helped me to see things clearly and stop feeling lost and stop not caring. They put me on the right track and gave me ideas. . . . Casework helped with problems with the family or if something is bugging me they hear me out and help me find the answer. . . They have a lot of patience with kids who get into trouble." This youth appeared to believe he had been greatly helped.

Table 6-2

Interviewee's View of Helpfulness, by Worker's Assessment of Degree of Attainment of Service Objectives

Worker's Assessment of Attainment of Objectives	Interviewee's View of Helpfulness: Very Helpful	Helpful	Of Little or No Help	Total
Very great degree	2	5	2	9
Considerable degree	16	11	3	30
Limited degree or not at all	5	10	7	22
Total	23	26	12	61

In another case where the girl received approximately monthly casework interviews and her mother weekly casework contacts and several peer group sessions over a 10-month period, the worker felt objectives were attained only to a limited extent. She noted that the girl was resistant to attending school, and the mother showed little concern. On the other hand, the girl reported that things were going better in all areas explored, and said: "They made me realize the things I was doing wrong and the things I should do. . .Casework helped me get problems off my chest and try to find the right things to do. . .(In family therapy) the family talked--what was going wrong, how things could get better. . . The Center is helpful, reliable. . . They try to tell you what's best for you." Again, we interpreted this as indicating that the girl felt she had been greatly helped.

On the other hand, in 5 cases where the worker perceived that objectives had been attained to a considerable or very great degree, the youngster saw little or no benefit to him or herself. In one case in which the worker considered objectives attained to a very great extent, she commented as follows: "This family has a pattern of coming to us in crisis. They use brief service, function at a better level and terminate. This is appropriate use of our service, since results are long range." The client reported, on the other hand, that her relations with her family were worse, as were things in general, and that the Center had not helped her. She couldn't say what she wanted in family interviews and was afraid to ask to be seen alone. She felt her mother was helped because family interviews permitted her to talk about her troubles and get relief, but the daughter felt left out.

In another case the worker reported objectives attained to a considerable extent, since the interviewee was doing well in the mini-school, he and a brother were involved in group activities, and the mother had improved in a particular area of problematic behavior. The boy recognized help from teachers at the mini-school and found the recreational activities fun, but felt that little had changed in his situation, and that peer group therapy had been of no help.

Such discrepant evaluations are hardly surprising in view of some inevitable difference between worker and child in perception of goals. How the client feels about himself and the services offered, even in the instance of adult clients, often differs appreciably from the worker's impression of progress or outcome.

It is clear that the overwhelming response of the youngsters interviewed was very positive toward FRC. The following comments seems to reflect the general sentiment of the "satisfied customers."

> "There are a group of people here who are concerned about people and who care. The door is always open and they're here when you need them."

Chapter 7

THE STAFF AND THEIR VIEWS OF THE PROGRAM

In the spring of 1974, FRC had 31 staff members, 23 full-time and 8 part-time. Sixteen, including the six members of the order of the Sisters of the Good Shepherd, had been on staff at the time the program was initiated, and 21 had been with the project at least a year. Twenty-four of the staff were in professional and child care positions, as listed below. The remainder consisted of a bookkeeper, a secretary, three clerk typists-receptionists, a cook and a maintenance man.

Table 7-1

Professional and Child Care Staff Positions
March 1974

	Full-Time	Part-Time
Project director		1
Program coordinator	1	
Casework supervisor/clinical coordinator	1	
Caseworkers	5	
Child care supervisor	1	
Child care workers	1	2
Night supervisors	1	1
Family workers	2	
Community resource coordinator	1	
Family life educator	1	
Recreation/group worker	1	
Educational advocate	1	
Court social worker		1
Psychiatrist		1
Psychologist		2
Total	16	8

The project director, who has an MSW, and the program coordinator are religious staff, as are the bookkeeper, and three other staff members whose roles have shifted according to program needs. One sister who had been combining cooking and clerical duties became child care supervisor, giving full time to care of children in the crash pad. Another, who had been child care supervisor, moved into the position of caseworker after taking social work training. She devotes most of her time to casework and peer group therapy. The third, who had been responsible for group work and recreation, after graduate training in social work, also moved into a casework position related to crash pad admissions. Four of the five religious staff give at least some time to care of children in the crash pad, three carry responsibilities for recreation/cultural enrichment activities, and three devote some time to individual or family casework.

In May 1974 a questionnaire was sent to the 24 professional and child care staff, with the exception of the two night supervisors. Replies were received from all but one psychologist and one part-time child care worker. The questionnaire called for information on the background of the respondents, their duties, and their views of various aspects of their work and of the program.

The 20 respondents include five religious and 15 lay staff members. All but three are female. They span a wide age range, but with a concentration between 25 and 35 years of age. Only four are below and two above this 10-year span. The staff, which is diversified ethnically, includes two black, three Puerto Rican and one of other Latin American background.

The project director, the casework supervisor/clinical coordinator, four of the caseworkers, and the family life educator hold MSW degrees. Eight have BA's and five of these staff members have also had some graduate training, one holding a certificate in counseling. The psychiatrist is, of course, an M.D. and the psychologist has a doctorate in clinical psychology. The three staff without college degrees are one child care worker and the two family workers whose responsibilities are principally auxiliary services for clients, such as escort service, interpreting, house-hunting and case advocacy.

The extent of prior experience in related work varies as would be expected from the age of the staff. The distribution is as follows: no experience--3; under 2 years--3; 2 and under 5 years--5; 5 and under 10 years--7; 10 years or more--2.

Distribution of Responsibilities

Staff were asked to check, on a list of 15 types of responsibility, all to which they devote a significant amount of time and to indicate the approximate number of hours a week given to each. The services that involved the largest number of staff were casework and peer group therapy, each of which engaged some of the time of 11 staff members. These were the predominant activities of the lay MSW staff but were by no means confined to that group. The other treatment service, family group therapy, was carried by three MSW's and the psychiatrist.

Recreation and cultural enrichment activities involved 9 staff, principally the religious staff and the lay staff without social work degrees. The religious staff carried most of the responsibility for care of children in the crash pad, supplemented by two lay staff, one with and one without a BA. Family life education and educational advocacy were assigned respectively to an MSW and a BA staff member, with one other staff member reporting some activity in both of these areas.

Auxiliary services (interpreting, transportation, etc.), advocacy work, case finding and resource development were each reported by four to six staff as among their responsibilities.

Administrative duties were carried by two religious and two lay MSW staff. Supervision of professional staff was provided by the same four plus another MSW and the psychiatrist. Consultation to staff was checked by the project director, two MSW's, a BA worker, the psychiatrist and the psychologist.

Individual staff reported a range from one to nine areas of responsibility, with an average of between four and five. The research staff was aware of considerable spread in staff responsibilities and seemingly heavy workloads. However, in response to a question about the diversity of duties, 17 of the 20 respondents indicated satisfaction. Only two found their responsibilities too diverse and one checked "too narrow."

A counterpart of this diversity is considerable overlap of roles of different staff, with a potential for role conflict. Seven staff did sense some role conflict, but 13 experienced no problem in this respect. In commenting on the matter of role conflict, one of the religious staff stressed the difficulty of drawing rigid lines and the need for constant communication to avoid overlap. Earlier problems about the integration of psychotherapy and social supports, and the relation of direct service and activities directed toward social change have lessened if not entirely disappeared. The kinds of problems cited currently were more circumscribed; e.g., division of responsibility between caseworker and family worker for concrete services in individual cases, locus of decision when conflicting recommendations are made on a case, responsibility for discipline of children, overlap of staff members on a particular case advocacy activity or "on the same community piece."

When asked about the quantity of the workload, 11 of the 20 respondents checked that it was "all right." Seven conceded that it was "a little too heavy," but only one found it "much too heavy," and one reported it "too light." Comments on this question suggested that staff are burdened, not by administrative pressure to carry more than is reasonable, but by their own desire to meet individual and community needs of which they are keenly aware.

Supervision, Staff Development and Staff Relations

Despite the fact that the director devotes only part-time to FRC and that supervisory staff carry a variety of direct service responsibilities, only one staff member indicated that adequate supervision or administrative guidance was not available and one other that it was sometimes not available.

Practically all staff reported that FRC had helped the individual in development of skills needed in his or her work. Work with families was cited most frequently as the specific area in which such help had been received, with several staff noting work with groups, work with community, and casework.

Staff expressed extremely positive feelings about the working relationships among themselves. The predominant response checked was "very good, cooperative, helpful," with all others checking "good." All but one of the respondents also assessed communication among staff as very good or good, and each regarded all or most of his colleagues as characterized by a high degree of commitment to the work of FRC. Such competition among staff as is present was sensed as healthy and functional. Comments were made on the concern of staff for each other, their mutual helpfulness and teamwork, and recognition of each one's position as important.

Several noted improvement in working relations as compared with the first year of the project, with reduction of tension over goals and methods and between lay and religious staff, and less sense of hierarchy.

There was considerable difference of opinion about whether staff opinion is given sufficient weight in program and administrative decisions. About half felt that staff have adequate opportunity to express their opinions and suggestions but that insufficient attention is given to their views. Just less than half considered that staff input is taken into account in most important decisions. At the opposite pole were two staff members who felt that staff have little opportunity to express their views. Occasional respondents noted some positive change in this respect over the previous year.

Relations with Community Agencies

Staff were asked to assess their working relations with each of several types of organizations, or to indicate if they had little or no contact with the agency or agencies. From half to three-fourths of the staff responding had sufficient contact to evaluate their relations with the different types. Working relations with the courts, police, schools, churchs and the Bureau of Child Welfare were with a few exceptions rated good or very good. Staff have some unease that court personnel and probation officers interpret FRC as an extension of their authority rather than as a facilitating neighborhood service, but expressed appreciation of their accessibility and cooperativeness.

Evaluations of relations with hospitals were about evenly divided between very good/good and fair/poor. It was noted that it is hard for the poor to get good medical care in Park Slope. The one hospital in the area, which has no outpatient service, was reported to make inappropriate referrals to FRC and to leave aftercare arrangements to FRC without adequate interpretation of the areas of concern to either the patient or the staff.

Relations with the public assistance agency were, with few exceptions, rated only fair or poor. Many critical comments were made of negative attitudes of public assistance staff to clients, denial of clients' legal rights, bureaucratic practices that interfere with communication, and the need for FRC staff to invest a great deal of time in case advocacy.

Staff Perception of Program Goals and Goal Attainment

The staff were asked to rank in order of importance a list of ten possible goals of the project developed from responses in the previous year's staff interviews. As may be seen from the list below, the goals could not have been easy to rank order, since some of the suggested goals are closely interrelated and some may be seen as instrumental to others.

Table 7-2

Goals of Family Reception Center

	Number of Staff Rating Goal as	
Goal	No. 1	No. 1, 2 or 3
Diversion from juvenile justice system	7	13
Enhancing intrafamily relationships	5	15
Preventing family breakdown	5	9
Enhancing functioning of children	1	6
Enhancing parental functioning	1	4
Helping community members deal with problems in community	1	2
Avoidance of placement away from family	--	6
Assisting families to use services and resources of the community	--	4
Providing social-cultural-recreational outlets		
For children	--	--
For adults	--	--

The three that were most frequently cited as first in importance or among the three most important were "diversion of children from the juvenile justice system," "enhancing intrafamily relationships," and "preventing family breakdown." These three held for each of three subgroups of staff--religious staff, MSW's, and others.

The only ones of the suggested goals that were not ranked among the first three by any staff member were "providing constructive social-cultural-recreational outlets" for children and adults. This aspect of program is clearly seen as supplementary to the central purposes of the program. "Avoidance of placement of children away from family" was in no instance checked as the most important goal but six staff rated it second or third.

On the goals staff ranked first, second or third in importance, they were asked their opinion of the degree to which these goals were being met. Most of the staff who checked court diversion, enhancing family relations or preventing family breakdown among the three most important believe the program is achieving the goal to a high degree, with the few others rating the degree of success as moderate. Insufficient staff and financial resources, and limitations in the various social systems such as the schools, public welfare, and so forth were felt to be general impediments to goal attainment. Other impediments to success in diverting children from the juvenile justice system include the nature of the court system, and the fact that some of the children referred to FRC are already involved in the system. With respect to the goals of enhancing family relations and preventing family breakdown, other problems noted in addition to insufficient staff were staff newness to family treatment, reluctance of families to involve themselves in treatment, and the fact that families come to FRC when problems have already become very severe.

Current and Future Directions

An open-ended question about the general direction of the FRC program elicited a number of enthusiastic responses, such as the following:

> "I think we have grown by leaps and bounds in a fine direction, are responsive to concrete and more abstract needs of clients."
>
> "I feel that FRC is a most comprehensive community program encompassing a family system approach to working with families and a developing support system which has grown directly out of the needs of the community."
>
> "FRC is now, with CYDS as a complement, more in tune with and in direct communication with agencies and groups in the community and community needs. As we have become more at home here, we have taken more responsibility for developing relevant programs."
>
> "As CYDS reaches out to community, more needs are uncovered. FRC has been generous in their response."
>
> "Excellent--the program has continued to grow and create other programs. I think staff for its size is extremely responsive to expressed needs. Any service not being given is due to limited number of staff members."

Uncertainty of future funding and inadequate resources to meet the massive needs of Park Slope were stressed as problems. Within available resources two suggestions for improvement recurred in the responses: more black and Spanish-speaking workers, and greater staff participation in program development and decision-making. Specific program needs mentioned, usually by only one or two staff, included: work with "tougher, more street-oriented kids," development of foster homes in the area, strengthening of advocacy in relation to welfare, strengthening of client input into program development, development and training of volunteers to guide recreational activities.

There can be no question that, from the point of view of staff, the Family Reception Center is a highly successful program. Obviously staff satisfaction is not a sufficient condition for "success" but it is a necessary condition. The commitment of staff, their satisfaction in their work, their conviction about progress toward goal attainment, and their desire to press on toward more effective handling of individual, family and community problems are key factors in the success achieved and an indirect index of that success.

Chapter 8

A SUMMING UP

One of the paradoxes of New York City is the presence, on the one hand, of a wide range of general and specialized community services under public and voluntary auspices, and, on the other hand, a pervasive sense of the inaccessibility of services to the people who need them. Geographic distance makes for lack of familiarity, difficulty of physical access, and a tendency all too often for recourse to the service only when problems have become highly intractable. Perhaps more serious even than geographic distance is the size and complexity of the systems for delivering economic, social, health, educational and other services, which make it difficult for all but the hardiest client to find his way through the maze. The same problems of size and complexity seem to drain staff of the compassion and the respect for human dignity so essential in administering services for people.

The Family Reception Center program was mounted in order to bring to the children and their families in an underserviced area of Brooklyn a variety of direct services as well as help in utilizing the services theoretically already available to them and in modifying the service network better to meet their needs. The Sisters of the Good Shepherd designed the program as a way to divert children from the juvenile justice system and to avert family breakdown, with the removal of children from family and neighborhood.

The program was launched on October 1, 1972, with funding for one year and with part of the funds earmarked for evaluation. Funding was subsequently provided for a second year of operation and evaluation. Presently negotiations are under way with respect to continued support beyond October 1, 1974. To the research staff one of the most impressive aspects of FRC has been the ability of administration and staff to operate at a very high level of productivity despite the uncertainty of the fate of the program beyond a single year. Their commitment to people, which has infused the program since its earliest stage, has probably been the key to their ability to sustain remarkably high morale in the face of uncertainty about continuance.

Our plans for evaluation of the first year of the Family Reception Center were directed primarily to assessment of its feasibility, since the service period to be studied was too brief to permit more than very tentative estimates of outcome. We sought information from staff on the people who used the Center and the services provided them. We surveyed agencies and organizations in the area to determine their perceptions of the Center program. And we surveyed the staff to assess their qualifications and to learn their attitudes and opinions about FRC. Although continuation of the research effort was in question until the second program year was well under way, we caught some of the spirit of the program staff and continued the collection of case data so that there would be no hiatus if we should be asked to pursue the evaluation. For this final report we were able to move from the question of feasibility of the program to effectiveness of the service. A second staff survey was conducted, and staff reports on services rendered and their outcome were supplemented by research interviews with some of the children who had participated in the program.

The Clientele of FRC

During the first 16 months of the FRC up to February 1, 1974, our cutoff date for accumulating the study group, applications or referrals were received on behalf of children in 333 different families. Supplementary data to September 1 indicate that intake continued at a comparable rate in subsequent months. From the start the Center was successful in attracting children of ethnic minorities, who were believed to be particularly underserved. About 60% of the children were black or Spanish-surnamed, a proportion higher than that of the general population of the neighborhood. Their age range was very wide but with a heavy concentration in the 10 to 15 year span.

The schools were the most active referral source, accounting for over a third of the initial referrals, while courts made about a fifth, and children themselves frequently sought out the Center on their own. Behavior problems in the child and parent-child conflict prompted three-fourths of the applications. Relatively few were prompted by problems ascribed to the parents.

In 291 of the 333 applications, service was planned beyond the initial contact. In most of the others, immediate referral elsewhere was made for the service needed. An additional 93 cases were closed within a month, usually because of inability to involve the child or his parents in the service program, but sometimes because the immediate need was met and a further role for FRC did not seem appropriate.

The remaining 198 cases--the continuers--were followed until the time of case closing or until May 1, 1974 if the case was still open. A great deal more information was obtained on the characteristics of the children and their families than on the cases that discontinued, as well as more detail on services received and their apparent outcome. These cases represented relatively large families, and in about a third more than one child was judged in need of service, so that service was planned in relation to the needs of 308 children. Slightly more than half the households included only one parental figure, usually the mother. Most of the families were disadvantaged economically, with nearly half known to be receiving public assistance. The homes were characterized by tension and conflict, and few of the families could rely on relatives or friends for either practical help or emotional support. Although few of the parents were known to be grossly deviant in their behavior, many were lacking in warmth toward their children, understanding of them, and consistency in handling them. Most of the parents expressed real concern about their children and about the problems bringing them to FRC, though few perceived their own part in the difficulty.

Over 60% of the cases came to the attention of FRC because of a child's behavior. Aggressive, provocative behavior at home and at school characterized a great many of these youngsters, and less than a fourth were regarded by staff as "normal" in emotional state.

Thus the clientele of the Center was composed chiefly of pre-teen and teenage children, whose behavior was of concern to parents or school, if it had not already brought them to the attention of the court. Their families, usually not intact, were impoverished financially and emotionally, and consequently ill-equipped to deal with the multiple problems they faced without a good deal of help.

Services and Their Outcome

By May 1, 1974, 81 of the 198 cases had closed, after an average (median) of 5 months of service. The remaining 117 cases were still open, and nearly half of these had been receiving service for at least a year. The children and their parents received an impressive range and quantity of service. Most of the children initially referred received individual and/or family casework, and were seen nearly once a week during the period over which this service extended. In many cases, they also participated in peer group therapy and in the social and cultural enrichment program. Sixty-four were cared for in the crash pad, usually for less than a month but in some cases much longer.

Most of the mothers who were available received some service. Again individual or family casework was the most common service, with such contacts occurring more than twice a month in the median case. The mothers also participated extensively in both therapeutic groups and in the social cultural program. Nearly 60% of the available fathers participated in the program, although the extent of their involvement was much less than that of the mothers.

By the time of case closing or the May 1 cutoff date for cases still open, staff considered that their service objectives had been attained to a great or considerable degree in nearly half the cases (48%), and in most of the rest they regarded at least limited progress to have been made. Less than 10% of the children were placed away from home elsewhere than in the crash pad or other temporary care facility, and only one youngster had entered a correctional insitution. In view of the general vulnerability of the group and the fact that a substantial number of the children were already involved with the courts, these figures suggest that the program was highly successful in averting long-term placement away from home and neighborhood and in diverting children from the juvenile justice system.

Objectives were a little more likely to be attained in cases of girls than of boys, in self referrals than in referrals from other sources, and in cases coming to FRC for problems other than the youngster's own disturbed behavior. Whether service objectives were attained was strongly associated with the amount and intensity of casework service received by the child. The "success" rate was particularly high in cases in which one or more of the children had had a period of care in the crash pad.

Three Points of View of FRC

A survey of community agencies and organizations during the first year of the program indicated that the Center had quickly become well known and respected in the community. The respondents stressed the need for the kinds of service the Center was providing, and those who had made referrals to it were enthusiastic about the quality of the service given. Continuation of the rate of referrals to the Center attests to the community's need for and readiness to use it. From the point of view of staff, working relations with community agencies have been generally very good. The public assistance agency is an exception, and systematic effort has been made to correct problems in work with some of the income maintenance offices serving Park Slope..

Staff attitudes and views of the program were elicited in both its first and second year. From the start the Family Reception Center was successful in attracting an extremely energetic and dedicated staff, willing not only to carry very demanding responsibilities under physical conditions that are far from ideal but to adjust their own lives to the schedule of the Center, which involves many evening and weekend activities. Some early difference of opinion among staff about the relative emphasis on direct service and community action was dissipated by the development of a coordinate action program in Child and Youth Development Service. The vitality of the direct service program of FRC is recognized as a necessary condition for involvement of the residents in community action and for effective action initiated by FRC.

Another area of difference of opinion at the beginning of the program was the respective roles of therapy and social supports and their interrelationship. This has been clarified, with consequent excellent working relationships among staff. Staff are strongly identified with the goals of the program and convinced of its success in attaining them to the degree possible within available resources.

Research interviews with selected youngsters 12 years of age or older who had participated in the FRC program reenforce the positive views of community and of staff, as well as the individual case data, on the value of the program. Although the interviewees may not be fully representative of the children served, they were sufficiently diversified in personal characteristics and experience at the Center to speak for a substantial portion of the clientele. About two-thirds reported improvement in their life situations over the period of service, and four-fifths expressed the feeling that the program had been helpful to them. They were almost unanimous in their positive attitudes toward the staff as indicated by agreement with such statements as "They really care about kids" and "They always try to help."

When the interviewees' assessment of helpfulness of the service was compared case-by-case with staff assessment of success in attaining service objectives, the staff evaluations were found to be a little more conservative than those of the interviewees. Individual casework and care in the crash pad, the services most strongly associated with staff assessments of success, elicited the most positive client responses. The importance to these youngsters of a concerned adult available when needed, one "who listens and understands," was a recurrent theme in the interviewees' comments. Those who had been admitted to the crash pad, with one exception, reported very positively on this experience.

Keys to the Success of the Family Reception Center Program

The weight of the evidence indicates that the Family Reception Center has been highly successful in attracting an appropriate and diversified clientele, in directly meeting a variety of problems and needs of the children and families in the neighborhood, in facilitating their access to a range of services under other auspices, and in building the respect and cooperation of other organizations and systems. A crucial question for other agencies or communities in considering development of a similar program is "What are the keys to the success of this endeavor?"

This is a question whose answer does not emerge directly from the data the researchers gathered. Throughout our efforts at evaluation we have sensed the operation of factors that were eluding us, factors that could be documented only if the researcher were to spend a great deal of time on the scene absorbing the particular flavor and style of the program. From limited on-the-scene evaluation, review of our data, and discussion with staff, we have identified a number of elements that appear to have played a crucial role. These elements are so closely interrelated that it is difficult to order them in any neat fashion.

One important element is the presence of a range of services within the Family Reception Center, which permits response to a range of problems and client perception of problems. For example, ability to meet practical needs, as for immediate shelter or help in finding a job, often provides an entree for therapeutic service that a disturbed youngster or his parents might not be ready to utilize initially.

The interdependence of the therapeutic and social support services is as important as the range of services. For example, a group leader observing a youngster's acting out behavior in a recreational program will steer the youngster back to his caseworker, who can then lead the youngster into discussion of what underlies his behavior.

Interdependence of staff and sharing of case responsibility has advantages for staff and clientele. As a staff member pointed out, it is one way of helping staff to absorb the impact of very difficult cases. It also makes it possible for youngsters to feel that someone is always available when needed, since the youngster is related not just to a single staff member, who of course cannot always be on hand. One staff member described the staff's way of working as offering a role model to client, family and community for working together.

A high degree of flexibility in modifying program in response to need has characterized FRC. This is illustrated not only in the development of specialized therapeutic and social groups within the Center, but in ways of working with other organizations such as the police and the schools, and sponsorhhip of new programs such as the mini-school.

High tolerance for acting out children and families and skill in engaging them appear to characterize the staff. Experience in the program has doubtless enhanced development of such skill, but tolerance for acting out behavior is probably an essential precondition to development of skill in working with acting out clients.

The atmosphere of informality and accessibility of the Center is another ingredient that goes along with the range of practical and therapeutic services and interdependence of staff in making users of the Center feel ready to come and at home when they do.

A strong tenet in the ideology of the Center is that it is not an island unto itself. Its purpose is not to supplant other organizations and services, but to supplement them and to make them more accessible to potential clients. This attitude has appeared to communicate itself to the community and to have contributed to the readiness of established organizations like the schools, the courts, the police to work with the Center toward meeting the needs of individual families and of the neighborhood.

The indomitability of the leadership appears to have infused staff with a courage and optimism that flavors the whole program. The prevailing attitude is that anything can be coped with. If you don't have a needed service, find one. If it doesn't exist, find the resources to develop it. A constantly evolving program has resulted to which staff reacts with excitement and enthusiasm.

These then are some of the ingredients that seem to account for the success of the Family Reception Center, some of the factors that have translated a commitment to people into a dynamic and effective program.

Appendix Table A

Relation of Selected Case Characteristics to Outcome

Case Characteristic	Objectives Attained		
	To a great or considerable extent	To a limited degree or not at all	
	No.	No.	
Sex of child referred			
Male	39	59	$X^2=4.58$, 1df, $p < .05$
Female	56	44	
Child's race			
White	43	37	$X^2=2.16$, 2df, N.S.
Black	19	22	
Spanish-surnamed	32	44	
Child's age			
Under 9	13	17	$X^2=1.68$, 3df, N.S.
10 - 12	27	31	
13 - 15	39	43	
16 and over	16	11	
No. of children in household			
1	9	21	$X^2=4.55$, 2df, $p < .05$
2 - 5	70	63	
6 and over	11	19	
Child's emotional state at intake			
Normal	26	16	$X^2=10.14$, 2df, $p < .01$
Somewhat disturbed	44	69	
Markedly/severely disturbed	13	6	
Sources of referral			
Self	26	12	$X^2=6.89$, 1df, $p < .01$
Other	69	91	
School	20	50	$X^2=15.16$, 1df, $p < .001$
Other	75	53	
Court	18	20	$X^2=0.06$, 1df, N.S.
Other	77	73	
Problem seen by referral source			
Child's behavior	48	75	$X^2=9.51$, 1df, $p < .01$
Other	47	28	
Parent-child relations	18	13	$X^2=1.06$, 1df, N.S.
Other	77	90	

Appendix Table B

Relation of Service Input to Case Outcome

Service Input	Objectives Attained: To a great or considerable extent No.	Objectives Attained: To a limited degree or not at all No.	
Length of service			
Under 6 months	39	37	X^2=6.71, 2df, $p < .05$
6 - 12 months	23	42	
Over 12 months	33	24	
Child's individual casework interviews			
None	26	26	X^2=7.41, 2df, $p < .05$
1 - 9	29	49	
10 or more	40	27	
1 - 9	29	49	X^2=6.45, 1df, $p < .05$
10 or more	40	27	
Child's family casework interviews			
Less than 4	68	88	X^2=4.88, 1df, $p < .05$
4 or more	27	15	
Child's average number of individual and family casework interviews per month			
None	21	18	X^2=6.50, 2df, $p < .05$
Less than 4.5	44	65	
4.5 or more	30	19	
Child's peer group therapy sessions			
None	51	62	X^2=3.42, 2 df, N.S.
1 to 9	16	22	
10 or more	28	19	
Child's psychiatric consultations			
None	65	83	X^2=3.25, 1df, N.S.
1 or more	30	20	
Educational advocacy contacts with child			
None	65	67	X^2=1.55, 2df, N.S.
1 - 4	20	19	
5 or more	10	17	
Educational advocacy contacts re child with other organizations			
None	60	52	X^2=6.08, 2df, $p < .05$
1 - 4	21	21	
5 or more	14	30	

Appendix Table B Cont'd

Service Input	Objectives Attained To a great or considerable extent No.	 To a limited degree or not at all No.	
Crash pad admissions			
None	59	89	X^2=14.20, 1df, $p < .001$
1 or more	36	14	
Social/cultural activities			
Child not involved	49	62	X^2=1.16, 1df, N.S.
Child involved	46	41	
Mother's individual casework interviews			
None	27	33	X^2=1.04, 3df, N.S.
1 - 4	24	31	
5 - 14	25	23	
15 and over	10	14	
Mother's family casework interviews			
None	40	51	X^2=4.64, 2df, N.S.
1 - 4	20	33	
5 and over	26	18	
Mother's average number of individual and family casework interviews per month			
None	18	22	X^2=2.83, 2df, N.S.
Under 4.5	48	65	
4.5 or more	20	14	
Mother's peer group therapy sessions			
None	71	92	X^2=1.74, 1df, N.S.
1 or more	15	10	
Mother's family life education sessions			
None	75	94	X^2=0.77, 1df, N.S.
1 or more	11	8	
Mother's psychiatric consultations			
None	73	97	X^2=4.50, 1df, $p < .05$
Some	13	5	
Mother's educational advocacy contacts			
None	80	89	X2=1.13, 1df, N.S.
Some	6	13	

Appendix Table B Cont'd

Service Input	Objectives Attained To a great or considerable extent No.	 To a limited degree or not at all No.	
Social/cultural activities			
Mother not involved	64	80	X^2=0.22, 1df, N.S.
Mother involved	22	22	
Direct service to mother			
None	12	15	X^2=0.004, 1df, N.S.
Some	74	87	
Father's average number of individual and family casework interviews per month			
None	22	24	X^2=3.83, 2df, N.S.
Less than 2.5	12	17	
2.5 and over	12	5	
Direct service to father			
None	20	20	X^2=0.01, 1df, N.S.
Some	26	27	

STATEMENT OF THE COMMITTEE ON ADOPTION AND DEPENDENT CARE
OF THE AMERICAN ACADEMY OF PEDIATRICS
SUBMITTED TO THE SUBCOMMITTEE ON SELECT EDUCATION
OF THE COMMITTEE ON EDUCATION AND LABOR
IN THE HOUSE OF REPRESENTATIVES
AT A HEARING HELD SEPTEMBER 8, 1976

S. Norman Sherry, M.D.
American Academy of Pediatrics
1800 North Kent Street, #1102
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The foster child is the child who is neglected, beaten or exploited by his parent, the child who has a severe physical or emotional problem which makes him difficult to care for, the child whose parents are physically or mentally ill, the child whose home is torn by family dissention, the child whose parents are immature and unmarried, or the child who lacks decent food, housing, health care, or education. Upwards to 1/3 of a million children are under the auspices of foster care with an unknown number of children in need of such care. To date society has placed a low priority on services for foster family care and steps must be taken to correct this before irreparable damage is done.

The American Academy of Pediatrics accepts as a working definition, that used also by the Child Welfare League of America (CLWA), the following:

Foster Family Service is the child welfare service which provides:

(1) social work and other services for parents and children and

(2) if needed, family living in the community for children whose natural family cannot care for them either for a temporary or extended period of time. Foster Family Service begins when the question of separating the child from his family arises. It ends when the child is stabilized in his own or relative's home, he is placed for adoption, he is placed in a more appropriate facility, or he becomes self dependent.

The Academy has recognized the different types of foster family services, each meeting a different need. These are (1) emergency care for not more than 30 days; (2) time-limited care while the natural family is being helped to improve the home situation and prepare for the child's return; (3) time-limited pre-adoptive care; (4) "permanent foster family" care on a planned basis, agreed upon in writing by all parties; and (5) specialized or treatment oriented care of mentally, physically and emotionally handicapped children, including delinquents.

In determining the type of service that should be provided, primary consideration must be given to the best interests of the child. Every child has a right to adequate parenting on a consistent basis. One key to the use of foster family care (which may include services to maintain a needy child in his/her natural home) is the use of this service early in the breakdown of parenting. SEE DIAGRAM.

While there are many different areas which must be addressed by any piece of legislation focusing on foster care and its implications, as Pediatricians we will focus our remarks on the area of health care. The health needs of the child will depend upon the type of foster care being offered to him, as the needs for an emergency short term placement of a healthy child are very different from those of a long term placement of a handicapped child. When a tentative decision is reached that placement is necessary, arrangements should be made for a medical examination by a qualified pediatrician. Psychological testing and psychiatric examination may occasionally be necessary to arrive at an understanding of the nature and severity of personality problems.

The adequate provision for safeguarding and promoting the health of children in routine foster care should include periodic health maintenance examination, appropriate medical care for the ill child or child with special health problems, and dental care. Foster families having access to adequate continuing medical care for themselves and other siblings should incorporate their foster child into their family health care system. By aligning the health services needed by the foster child with the provider of health services utilized by the foster family, the child would not be singled out for differential treatment, hence becoming a more integral part of the family life. When this is not possible, basic medical services should be provided through the agency or other resources whose services are coordinated with a total plan for the child, thus providing for the continuity of medical care.

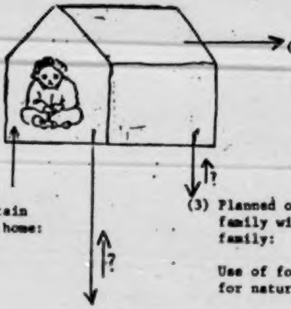
Health services should include preplacement examinations and periodic medical examinations for appraisal of the child's physical growth, development, health status and the effect of emotional and social factors upon the child's physical well being. They should include immunizations and administration of routine diagnostic laboratory procedures. These services should also include guidance to foster parents and social worker with respect to physical, medical and emotional needs. This guidance could take the form of discussion of the results of medical examinations, directions in carrying out of specific medical recommendations, and suggestions for modifying or clarifying a certain behavior in the infant or child.

Referrals for specialized care or consultation should be available for orthopedic, neurologic, psychiatric, psychosocial, surgical, or any other specialty beyond the scope of the foster family's physician or the agency's direct medical program. Selection of consultants in these fields should be determined not only by the expertise of the specialist, but also by his interest and willingness to coordinate his service with the child's current medical program and any other needed services. Periodic dental examination and treatment of dental disease should be provided in a manner similar to medical care.

In closing, the Academy commends the efforts of Mr. Mondale and Mr. Brademas toward laying the groundwork for legislation to address the needs of these children. Please consider the Academy as a ready resource as you begin your work in this important area.

cb

CHILD WITH INADEQUATE PARENTING



(4) Probable long term or permanent removal from natural parents. (Once established, may encourage adoption).

(1) Services to maintain child in natural home:

Homemaker
Day Care
Counseling
Food stamps

(3) Planned orderly transition to foster family with cooperation of natural family:

Use of foster parent as teacher/model for natural parent.

(2) To foster family immediately:

Child abuse
Death/illness of both parents
Abandonment (but may reconstitute)

(1) Services to maintain child in natural home - is self explanatory.

(2) To foster home immediately for the best interest of child.

(3) Planned orderly transition to foster family - we often look at foster placement as a substitute care. What happens if we turn it around and view it in some cases as a legitimate alternative form of child rearing involving the natural parents in a positive way. Perhaps we could use the foster parents as Teacher Models.

(4) Probably long term - is self explanatory.

Statement by

Earl D. Franklin, Jr., Chairman
Commission on Children & Youth

to

Subcommittee on Select Education
House Education and Labor Committee

on

Adoption Opportunities Act of 1975

September 7, 1976

Mr. Chairman and Members of the Subcommittee:

On behalf of The American Legion, I want to thank you for the opportunity to place before this subcommittee the views of the largest veterans' organization in the world concerning the Adoption Opportunities Act of 1975.

The American Legion's Children & Youth Program, established in 1924, is community-centered and carried out by an estimated 50,000 adult volunteers located in over 16,000 local American Legion Posts and nearly 14,000 Units of its Auxiliary. Through this community-centered program, we are in a position to view first-hand many of the serious problems affecting our nation's children and youth.

The Legion's and Auxiliary's Children & Youth Program has a two-fold purpose: 1) to provide a setting conducive to every veteran's child having an adequate opportunity to realize his full potential, and 2) to assure a similar opportunity for every American child. Today, over half of our nation's children are born of war-time veterans. To achieve our first purpose, we endeavor to improve conditions for all children.

As early as 1925, the National Organization of The American Legion established a program of temporary financial assistance to aid children of war-time veterans during emergent family situations so such children might be maintained in their own homes. In 1937, Resolution No. 4 was adopted at the National Convention held September 20-23, 1937 in New York City. The resolving clause called for federal aid in financing foster home care. It further requested that state laws and the federal Social Security Act as amended, be amended further so that state and federal governments could participate in the payment of any required cost of foster care for children who have no parents or relatives able to care for them.

Our organization has maintained interest in this subject for over 50 years as evidenced by Resolution No. 36 adopted by the National Executive Committee at its May 5-6, 1976 meeting. This resolution in its entirety is as follows:

WHEREAS, More than 350,000 children are in foster care today and there are probably an equal number in need of such service, and

WHEREAS, Many thousands of children from birth through adolescence remain in institutions or foster homes because of the legal and other obstacles to their placement in permanent adoptive homes, and

WHEREAS, Foster care is more conducive to the health and welfare of such children than institutional care, and

WHEREAS, Many persons are seeking to adopt children but are unable to locate locally a suitable child because of the scarcity of adoptable children and other obstacles; now, therefore, be it

RESOLVED, By the National Executive Committee of The American Legion in regular meeting assembled in Indianapolis, Indiana, on May 5-6, 1976, That we recommend the Office of Child Development of the Department of HEW create a clearinghouse for the purpose of expediting interstate adoption procedures, and, be it further

RESOLVED, That each state be informed of this service and requested to submit pertinent information on each child to the clearinghouse, and, be it finally

RESOLVED, That this national clearinghouse be requested to submit periodic listings of these adoptable children to all state agencies.

Since the formation of the National Action for Foster Care Committee, The American Legion has had a representative on this body. Presently, one of our staff members is serving as the Secretary of the committee. We have had a long and continuing interest in the problems of the foster child.

According to the information we have at hand, there are some 350,000 foster children today. These children are being supported by various means -- primarily through federal and state support. The vast majority are receiving governmental support. Today's program of foster care meets about 50 percent of the need.

According to the National Action for Foster Care Committee, there are approximately 700,000 children in the country today who would benefit materially from being placed in a foster care program. It is our understanding that very few of the children who are placed in a foster care program ever return to their natural parents. These children in essence are placed in a permanent "limbo." There is a definite shortage of families willing to accept foster children. This is because the local government agencies fail to adequately promote and train foster parents and because of inadequate financial support for these children.

As you will note from our Resolution No. 36, it is the position of this organization that one way to provide better care for the foster child is by developing a national clearinghouse for the purpose of expediting interstate adoption procedures. We further ask that each state be requested to submit pertinent information on adoptable children within its jurisdiction and that the national clearinghouse submit periodic listings of those adoptable children for whom they are responsible. Such a clearinghouse would probably be best located in the Office of Child Development, Department of HEW. By providing an adoptable service, it would be possible to place more children in adoptive homes thus lightening the need for other foster care.

To give further support to this position, The American Legion in 1970 formally endorsed the Interstate Compact on the Placement of Children and urged each state organization of The American Legion to work toward the adoption of this compact.

The American Legion believes that if the Interstate Compact is adopted and ratified by the 50 states and a national registry of adoptable children is established, those unfortunate children who of necessity must reside in foster care arrangements would benefit immeasurably as well as the American taxpayer.

The American Legion, in light of the above, approves and recommends that the subcommittee act favorably on HR 11185 "The Adoption Opportunities Act of 1975."

National Conference of Catholic Charities
September 10, 1976

We are pleased to submit this preliminary statement on federal policies on foster care for children. In spite of this definition of the topic, we urge that the Committee review the problem of foster care needs from a broad perspective of children's needs — the first being the child's need for family.

Often federal policies, in an effort to assist the most urgent need, create a rehabilitative system rather than a preventive system. We urge that whatever federal policy on foster care is adopted, it does not diminish the responsibility of the state to provide those programs which relate to the child's primary need — namely, the family.

1. Preventive Services

In New York State a strong state policy supported with public funding has resulted in a social service system dominated by services for the care of children away from their own homes. Extensive efforts are presently being made to re-focus public policy so as to provide public funding for services to the child while still at home.

We urge as the preferable policy to be developed on a federal level that there be a strong public statement supported by substantial federal funding for preventive services to assure the maintenance of family life. Such services should include an early outreach capability and a full spectrum of support services — such as, counseling, psychiatric and psychological services, and health, housing, educational and vocational assistance.

The effectiveness and relatively low cost of preventive services has been established through demonstration projects supported in part through Title IV-B of the Social Security Act. In January, 1976, an evaluation of the demonstration projects, entitled, "A Second Chance for Families: Evaluation of a Program to

Reduce Foster Care" by the Research Center of Child Welfare League of America, Inc., under contract with the State Department of Social Services estimated the average cost of intensive preventive casework services at approximately $1,000 per year per child or $2,000 per year per family. This is less than one half of the cost of foster boarding home care. In addition, families which would have resolved their difficulties by the removal of a child from the home were maintained in tact with the support of services directly related to the crisis facing the family.

We urge that any foster care policy adopted at the federal level include a program of support for preventive services. This could most effectively be achieved through amendment of Title IV-B to establish a comprehensive foster care program with strong emphasis on the development of preventive service programs as an integral part of the services program adopted by each state with adequate funding to support such services.

2. Day Care

Day care services frequently provide the part-time care of a child in a family which is unable to provide full-time care. We have strongly supported the approach Congressman Brademas and Senator Mondale proposed in the Child and Family Services Act which would have provided vastly expanded day care services to families from a wide range of income levels. We are particularly supportive of the provision which would establish consumer participation in the determination of basic goals, policies, actions and procedure.

This service should be developed to support and sustain family life as its primary purpose. It should not be evaluated in terms of freeing parents for employment or as supplementing a state educational system.

3. Foster Care

Present federal policies relating to foster care are provided in Section 408-a of the Social Security Act which provides federal reimbursement for foster care provided an AFDC related child when the child's removal from home is the result of judicial action. This has the effect of encouraging states to require judicial intervention in every foster care situation which involves an AFDC eligible child. In New York State this has resulted in an excessive burden on the Family Court system rendering it less capable of attending to matters which are truly adversarial in nature.

We urge amendment of the Social Security Act to provide federal support for foster care services to all children whose best interest require that they be removed from their own homes. We further recommend that there be no requirement as to judicial review of the placement agreement made with the responsible public official as a condition of federal reimbursement. This should be a non-judicial, administrative review.

We recommend, as a condition prerequisite to funding placement in foster care, that there be a finding that it is not feasible to provide supportive services to the family while the child is in the home so as to avoid placement of children. This would not be effective to the child or that there are no services available which would assist the family in facing a crisis while the child is retained at home.

We further recommend that foster care services include day treatment services for children which enable a placement agency to discharge a child from foster care while continuing necessary supportive services such as psychiatric or psychological counseling, social casework services and educational, vocational and recreational services. In our experience, funding for such services after the discharge of a child makes it possible to return the child to his home within a shorter period after placement.

4. Adoption Services

For the child whose family cannot and will not within a forseeable period of time provide for the child's growth and development, adoption services are a desirable alternative. Adoption provides to a child the opportunity to grow in a family with permanence and security.

There is no federal policy which supports adoption services to children. We urge, therefore, favorable consideration of Congresswoman Burke's "Opportunities for Adoption Act of 1976", H.R. 7004 and S. 1593 which provides a full spectrum of services to encourage the adoption of hard to place children. We are particularly supportive of the provision for subsidized adoption to encourage low-income parents to provide permanent homes for children with special needs. In our experience, the availability of financial assistance has, in many cases, been the determinative factor in the adoption of children who have been in foster care for substantial periods of time. Such financial assistance must include the legal costs of freeing a child for adoption and the adoption proceeding itself. This legislation is in excellent shape and we understand there is money for it in the budget resolution. It is a modest bill. We urge your Subcommittee to report it out soon.

The National Council of Organizations for Children and Youth is a coalition of over 150 national, state, and local organizations which have as their common goal the improvement of the quality of life of our Nation's children. Our members have joined together in an informal cluster because of their interest in the issues of foster care and adoption. We are submitting this statement based on a set of principles adopted by the cluster and included in an appendix. Our statements seeks to put before this Subcommittee a philosophy of foster care which we feel reflects the proper structure of priorities and concerns on this issue.

As of this date, it is impossible to state precisely the number of children in the United States in foster care placement.[1] "Foster care placement" is itself a broad term covering "any system providing 24-hour care outside a child's parental home ..."[2] This substitute care may be in one of several settings, relative or non-relative foster family homes, group homes, or children's institutions. One of these settings, "children's institutions," is a conglomerate term referring "corrections institutions (training schools, jails, diagnostic and reception centers), institutions for the mentally disabled, mental hospitals, residential treatment centers, institutions for physically disabled children, and private boarding schools."[3]

Our philosophy covers children in all of these types of substitute care and focuses on three questions: (1) When should a state intervene and remove a child from the home?; (2) What standards should govern intervention in families?; (3) What is to be done for and with a child and his family after removal?

It is through a discussion of these three questions that we present our views on the standards that should guide a foster care system.

We adopt the position that the state should not intervene in a family unless a child has suffered serious physical harm, serious emotional harm, or sexual abuse or where there is a substantial likelihood that the child will imminently suffer serious physical harm.[4] "Serious emotional damage" is defined as a state "evidenced by severe anxiety, depression or withdrawal, or untoward agressive behavior toward others."[5] This standard denies intervention to the state in cases where families have "dirty houses" or "unconventional life styles" or provide a "generally unwholesome home atmosphere."[6] Such a standard focuses its attention on the child and on parental misconduct negatively impacting on that child rather than on parental fault.[7] This limitation on state intervention would serve to encourage family autonomy and decrease the number of children and parents brought into court.[8] This standard lessens the degree of coercive state intervention that may be placed on families to relinquish their children "voluntarily" into the foster care system.[8a] Another aspect of such a policy is that it will be more difficult to apply neglect laws more severely in cases involving poor parent than in cases involving middle class parents.[9]

Our second question, What standards should govern intervention in families?, overlaps the first in considering both the problems of discretionary intervention and the state's responsibility to families before removal. Any determination that foster care placement for a child is needed must be based on legal standards that can be applied in a consistent and even-handed way. Such a determination must not be reached because of the social values of a particular deciding judge or social worker involved in the case.[10] Removal is an action of last resort to be used only within the guidelines limiting state intervention set out in answer to the first question. Before reaching this severe form of intervention, removal, a court should examine other forms of less disruptive intervention and pursue family reunification. By pursuing less disruptive alternatives, we mean that the court should first explore the provision of any alternative services falling short of removal and their possible impact on family reunification before ordering removal. Such less disruptive alternatives or family supportive services [11] might include: emergency caretaker, housekeeper, or homemaker services; emergency 24-hour housing and shelter care; emergency 24-hour crisis intervention; family therapy; psychiatric counseling; nutrition and health counseling; financial management counseling; employment counseling; day care services; divorce counseling; home management and consumer education; availability of respite care on a 24-hour basis; information and referral services; and alcoholism and drug abuse/treatment programs. Such less disruptive alternative forms of state intervention could serve to enhance family bonds by removing the crisis in family functioning.

The cost of family intervention that results in foster care placement is enormous. The cost of foster care in 1972 was approximately $712.5 million in total expenditures by all levels of goverment.* At the same time, only $119 million was being spent for homemaker services, rehabilitative services to keep children in their own homes, and only $65.8 million for adoptions, services to move children out of temporary placements and into permanent care. Of the estimated 300,000 to 450,000 children in foster care, DHEW estimates that 100,000 of those children could be freed for adoption.[12] This approach is not a request for increased "cost consciousness" in child welfare, but is a request for a reorientation of child welfare programs towards a more humane view. Children are inadequately served in the present system "because funds are not now being made available for the purpose of restoring families to a level of functioning that would enable them to reassume responsibility for their own children."[13]

Disruption of a family by removal of a child has serious effects on the continuity of relationships, surroundings, and environmental influence that is essential to a child's normal development.[14]

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*This figure does not include amounts spent on delinquent, mentally retarded or mentally ill children or administrative costs for these programs.

> "In infancy, from birth to approximately 18 months, any change in routine leads to food refusals, digestive upsets, sleeping difficulties, and crying....[M]oves from the familiar to the unfamiliar cause discomfort, distress, and delays in the infant's orientation and adaptation within his surroundings.
>
> "Change in the caretaking person for infants and toddlers further affects the course of their emotional development .... When infants and young children find themselves abandoned by the parent, they not only suffer separation distress and anxiety, but also setbacks in the quality of their next attachments, which will be less trustful. Where continuity of such relationships in interrupted more than once, as happens due to multiple placements in early years, the children's emotional attachments become increasingly shallow and indiscriminate....
>
> "For School-age children, the breaks in their relationships with their psychological parents affect above all those achievements which are based on identification with the parents' demands, prohibitions, and social ideas.... [W]here children are made to wander from one environment to another, they may cease to identify with any set of substitute parents.... [M]ultiple placement at these ages puts children beyond the reach of educational influence, and becomes the direct cause of behavior which the schools experience as disrupting and the court label as dissocial, delinquent, or even criminal.

Removal is a drastic step that may or may not result in a living situation more severe than the one in which the child previously lived.[15] Parents are also dramatically affected by the removal of their children from the home. Parents must be given a full description of the reasons why their child cannot be adequately protected at home and a plan stating the specific changes in parental behavior that must occur before supervision of a family or placement of their child in foster care will no longer be required.[16] Parents are to be provided with counseling that informs them fully as to available public and private services, how to receive these services, and the scope of the court's order.[17] Also a less disruptive alternative of removal and placement of a child with a relative or in his own neighborhood should be encouraged in order to maintain family relationships and continuity.[18]

The final question, What is to be done for and with a child and his family after removal?, is probably the most difficult to answer. In a court system where reviews of the progress of a child and his family in their efforts toward family reunification are made often, the court should have a view of the situation that is realistic in terms of available services, use of services by the family, and the family's progress towards rehabilitation.Both parent(s) and child must be provided with legal counsel at the initial hearing stage to advocate for their distinct and sometimes competing interest and to impact on the judge's power to remove a child from his home and to require specific plans for family reunification or to guarantee other appropriate permanence for the child. Periodic reviews of the continuing placement of a child in foster care serve little purpose unless services are being provided to the family in the effort to achieve reunification or other permanence for the child. Parental motivation and the provision of the necessary social services are the key elements of a working system of periodic review.[19]

However, at the present time only eighteen states and the District of Columbia require even a periodic court review of children in foster care.[20] In the remaining states court review is governed by infrequent parental requests. In the eighteen states that do require review procedures, most have no standards defining the purpose of the review. Only two states, New York and South Carolina, provide by law for regular review of foster care placement with the purpose of either returning children to their homes or establishing other permanent homes for them.[21] This situation results in children being "lost" in foster care. Social work agencies are beset with large caseloads and rapid staff turnover so that children often drift in foster care with no individualized attention to their needs and no goals or active services for their families.[22]

The difficulties within this area arise when a significant period of time has passed and a child still remains in limbo, in foster care of a temporary sort.

A "significant period of time" must be defined as an essential part of a child's conception of continuity. J. Goldstein, A. Freud, and A. Solnit note that for most children under age five, an absence of parents for more than two months is an event beyond comprehension; for a school-aged child the time limit may be six months; and for older school-aged children, more than one year without parents and without evidence of parental concern is probably the limit before a breach in continuity as was previously described occurs.[23] At this time, other forms of care that guarantee stable relationships for the child must be considered.

Perhaps after six months of placement for children in foster care, the issue of termination of parental rights for children who are under age three at the time of placement should be raised; unless a close parent-child relationship exists and because of this close relationship, it would be detrimental to the child to terminate parental rights.[24] In the same manner, termination of parental rights should be considered for older children after a period of approximately one year in foster care placement.[25] Children who are removed from their homes must be provided with stability. "Temporary" foster care must be limited statutorily and at the end of that statutory period a child must be returned home or placed in stable long-term care. If the child cannot be returned home after the statutory period has elapsed, adoption is to be considered as the best alternative.[26]

If adoption is the preferred alternative for a stable family environment, legislation must be enacted to fund total adoption programs and to finance adoption subsidy programs in all states as Senate Bill 1593 Opportunities for Adoption Act would do. NCOCY supports the establishment of a national adoption center with federal leadership in assisting the various state agencies when interstate knowledge or movement is necessary.[27]

Permission to utilize current local, state, and federal foster care moneys for an adequately financed uniform adoption subsidy program should be established on a nationwide basis to encourage the movement of children out of temporary foster care placements and into stable familial relationships. No additional funds should be necessary. Substantial expenditure reductions should result for children placed in adoptive homes. In order for such a program to operate effectively, we believe the following principles must be incorporated in it:

a. The adoption subsidy should be vested in the child who will not otherwise be adopted rather than being tied to parental income. Securing a family for the child is the goal and therefore, the child's status should be determinent of whether or not the subsidy will be available.

b. Long-term medical subsidies should be available to cover the costs of medical care for pre-existing conditions, where such medical costs are not covered by other medical insurance programs. Children must not be allowed to linger in foster care on a discriminatory basis because of physical, emotional or mental disabilities which adoptive families cannot afford to have treated on their own.[28]*

c. Adoption subsidy payments should be authorized up to the full amount of the payments previously provided for the child's care. There is no reason to continue massive fiscal disincentives to adoption.[29]

*Again, flexibility in the use of existing funds through medicaid is all that is necessary. In most instances, those funds will be spent for such children anyway. It is only the security of a family that will be denied them.

We feel that the philosophy expressed in our testimony on foster care is a plea for practice to catch up with theory in the foster care system. Only when a strong-hearted attempt is made to answer our questions can be begin to see if family reunification is a viable concept that will help to free some 400,000 to 450,000 children from their state of limbo in our current foster care system.

FOOTNOTES

1. According to HEW representative John C. Young, on December 1, 1975, Commissioner of the Community Services Administration and then Acting Commissioner of the Assistance Payments Administration of the Social and Rehabilitation Service, there were somewhe between "400,00 and 450,000 children .... in this type of care at any one time."; see Senate Committee on Labor and Public Welfare, 94th Congress, 1st session, Foster Care and Adoptions: Some Key Policy Issues, 8(Comm. Print 1975 [hereinafer cited as the Mott Report]

2. Wald, State Intervention on Behalf of Neglected Children: Standards for Removal of Children from Their Homes, Monitoring the Status of Children in Foster Care and Termination of Parental Rights, 28 Stan. L. Rev. 623, at 626 n. 3(1976); see Mott Report, 6-7.

3. Gill, Institutions for Children in Children and Decent Peo;le, 54-55 (A. Schorr ed., 1974).

4. Wald, Supra n.2, 642.

5. Id., at 701.

6. Areen, Intervention Between Parent and Child: A Reappraisal of the State's Role in Child Neglect and Abuse Cases, 63 Geo. L. J. 887, 918-919, at n. 173 citing M. Rein, Child Protection Services in Massachusetts, An Analysis of the Network of Community Agencies (1973) from an unpublished paper prepared for the Florence Hiller Graduate School for Advanced Studies in Social Welfare of Brandies University.

7. Id. 918-919; see also NCOCY Foster Care/Adoption Principles #3.

8. See Mnooken, Foster Care--In Whose Best Interest, 43 Harv. Ed. Rev. 599, 600-601 (1973).

8a. However, families truly seeking services on a voluntary basis must be distinguished from those who have been coerced.

9. See Nutt and Weiss, Foster Family Care: Myth and Reality in Children and Decent People, 24, 37-39 (A. Schorr ed., 1974).

10. Mnooken, supra n. 8, 602.

11. Senate Bill 30 (SB30), introduced in the California State Legislature on December 2, 1974 and passed this term, Chap. 5.3 FAMILY REUNIFICATION SERVICES.

12. Mott Report, 18. This estimate of 300,000 to 450,000 does not include delinquent, mentally ill, or mentally retarded children.

13. D. Fanshel and E. Shinn, Dollars and Sense in the Foster Care of Children: A Look at Cost Factors (1972), at 32.

14. J. Goldstein, A. Freud, and A. Solnit, Beyond the Best Interests of the Child, 31-34.

15. See, Wooden, Weeping in the Playtime of Others, 1976; see also, D. Gill, Violence Against Children, at 117 (1973) where he found that two per cent of all child abuse reports were made against foster parents.

16. Wald, *supra* n. 2, 702; SB30, *supra* n. 11, S726.5(b)(3),(c),(d); Areen, *supra* n. 6, 935-36.

17. Areen, *supra* n. 6, 935-36.

18. Areen, *supra* n. 6, 936; Wald, *supra* n. 2, 702; SB30 S726.5(c); *see also* NCOCY Principles 1-4.

19. Areen, *supra* n. 6, 936-37; Wald, *supra* n. 2, 703-04; SB30 S18.

20. Wald, *supra* n. 2, 631-632.

21. *Id*.

22. Mott Report 15-16.

23. *Beyond the Best Interests of the Child*, 41.

24. Areen, *supra* n. 6, 937; Wald, *supra* n. 2, 704-05; SB30 S729.5.

25. *Id*.

26. Mnookin, *supra* n. 8, 633-34; Areen, *supra* n. 6, 937; Wald, *supra* n. 2, 699. Both Mnookin and Wald suggest the alternatives of guardianship or permanent single foster home placement if adoption is not possible.

27. NCOCY Foster Care/Adoption Principles #5.

28. The Children who remain in foster care are often labeled "hard to place" or "special needs" children, a term describing children who are "too old or from minority families or who have physical or mental handicaps or are part of a sibling group." Mott Report, 1. DHEW estimates that these "hard to place" or "special needs" children constitute 90% of the 100,000 children in the foster care system that should be freed for adoption. The need for permanence and love for these children is an important objective that is defeated by our current child welfare system. "Special needs" children may have large health care expenses that most families can not pay. Medicaid eligibility for these children follows that of their families, so that these children lose their Medicaid eligibility if adopted by a family who is ineligible. Mott Report, 17.

29. NCOCY Foster Care/Adoption Principles 5-7.

FOSTER CARE/ADOPTION CLUSTER

PRINCIPLES

1. Programs in support of child welfare services should have as their main focus the protection of the welfare of children in jeopardy and the strengthening of families to make it possible for a child to live in a stable family environment. Federal child welfare policies should not discriminate against children and families due to economic circumstances, nor should such policies foster family break-up.

2. There should be support for adherence to standards for the delivery of child welfare services which are reasonably in accordance with those of national standard setting organizations. Child welfare standards enforcement offices should operate in all states. Federal standards enforcement should assure that the requirements of federal legislation and administrative directives be adhered to.

3. Greater emphasis should be placed on preventive child welfare services such as 24-hour emergency shelter facilities, day care, homemaker services, supportive services to the child's parent or guardian, and any other services to the child or the family in their own home. Linkages should be established with other agencies to ensure quick, remedial attention to any contributing housing and medical problems. These services should be aimed at increasing family stability in order to prevent removal of the child from the family.

4. Substitute care (other than day care) should be contingent upon the institution of case review systems, whereby the status of each child in substitute care would be reviewed at least once annually and the plan for the child's care-giving arrangement and services updated to meet the child's needs. There should also be an evaluation of the current situation in the child's natural family, incorporating a review of the rehabilitative efforts within the last year, directed toward reunification of the family as well as the plan for working with the family for the next year. When there is more than one caseworker assigned to the child and the child's family, consultation between all caseworkers is mandatory.

5. A national adoption information exchange system should be established which will include federal interconnection of the various state exchanges.

6. Technical assistance and financial support should be made available to the states to assist in the establishment and operation of data systems containing only basic and germane information on children in substitute forms of care (other than day care), in order that plans can be made to provide the care-giving arrangement which best meets the needs of each child.

   All records and information compiled on children and families should be maintained in a fashion which preserves the confidentiality of the information and protects the privacy of those persons receiving services.

7. An adequately financed uniform adoption subsidy program needs to be established in every state. The following principles should form the basis for such a system:

   a. The adoption subsidy should be vested in the child who will not otherwise be adopted, rather than being dependent on parental income as a determinant of whether the subsidy will or will not be available.

   b. Long-term medical subsidies should be available until the age of majority to cover the costs of medical care for pre-existing conditions, where such medical costs aren't covered by other medical care insurance programs.

   c. Adoption subsidy payments should be authorized up to the full amount of the payment previously provided for the child's care, so that there will be no disincentive to adopting the child.

   d. Single parents should be eligible for subsidy payments.

   e. Financial support should be available for the recruitment of prospective adoptive families.

8. Career planning, and both long and short term training for child welfare workers should be expanded. Education in institutions of higher learning and on the job training opportunities should be provided.

ORGANIZATIONS ENDORSING FOSTER CARE/ADOPTION TESTIMONY BEFORE THE SUBCOMMITTEE ON SELECT EDUCATION

American Parents Committee

B'nai B'rith Women

Child Welfare League of America

Edna McConnell Clark Foundation

Family Services Association of America

Barbara Joe

North American Council on Adoptable Children

American Foundation for the Blind

American Home Economics Association

TESTIMONY

HEARING OF THE

SUBCOMMITTEE ON SELECT EDUCATION

PRESENTED BY

CAROL J. PARRY

ASSISTANT COMMISSIONER

SPECIAL SERVICES FOR CHILDREN

DEPARTMENT OF SOCIAL SERVICES

NEW YORK CITY

SEPTEMBER 8, 1976

My name is Carol Parry. I am Assistant Commissioner of the New York City Department of Social Services in charge of Special Services for Children, with the responsibility for child welfare services in New York City. I appreciate the opportunity to participate in these hearings, to present our views relating to foster care, legal rights, and institutionalization of children.

What is Special Services for Children

In New York City there are more than 30,000 children in foster care for whom we must plan and coordinate programs of service. We contract with more than 90 private agencies which provide care for 25,000 children. More than 45 percent of children in foster care, in New York City, are over 12 years of age; half of all children in foster care most often spend at least 3.97 years in placement.

Special Services for Children has statutory responsibity for assuring that adequate child welfare services are available to children and their families. We emphasize services that will maintain, strengthen, and support the natural home to avert placement. Special Services for Children exercises leadership in the development and maintenance of a comprehensive program making available a broad range of child welfare services characterized by an increasing diversity of foster care and preventive programs.

Programs of Service Provided by Special Services for Children

(1) Provision or arrangement for short and long-term foster care; (2) pre and postnatal care for the unmarried pregnant girl and unmarried mothers; (3) child welfare services on an emergency and planned basis

including reports of suspected child abuse/neglect from any source, processing such reports for investigation; (4) maintaining the city-wide computerized Central Registry; and (5) supplying information upon the request of an authorized agency. Services offered by staff or through purchase include psychiatric, psychological and casework treatment; health care, remedial education, child care, recreational programs, family counseling, after care, health care follow-up for children from institutional facilities.

Within Special Services for Children the following programs are conducted:

1. Diagnostic study and evaluation through home, office and collateral contacts, to assess need and to determine eligibility for appropriate services. Cases are processed of children remanded or placed by the family court as neglected, abused, persons in need of supervision or delinquents.
2. Protective services to children alleged or found to be in circumstances endangering physical, mental or emotional health.
3. Direct services for children in agency operated boarding homes, long term foster homes, group homes, group residences, diagnostic-reception centers, and institutional facilities. Our direct services office recruits and certifies family boarding homes, and places children in these certified

homes. In addition, we evaluate and license private foster homes that meet statutory requirements, along with supervising children placed in certified foster family homes.

4. Adoption services relating to applications and processing of all phases of the adoption process - from initial referral for adoption planning through preparation, review, and processing of all legal documents until such time as legal adoption is finalized. Special Services for Children recruits and studies prospective adoptive homes in addition to placing children in approved homes. We also provide casework services to unmarried mothers who desire adoption for their children, as well as participating in inter-state and inter-country adoptive planning.

Need for Preventive Services

It is generally agreed among child welfare professionals that the single most serious deficiency in the system is our inability to make an early identification of children and families in need of help and the concomitant failure of developing helping services for them before minor problems develop into major crises. I think we are learning the hard way that many of the children in jeopardy or potential jeopardy who are not helped at an early time, ultimately enter the system as neglected, abused, persons in need of supervision, or delinquents. Efforts to expand child welfare activities to include family supportive services enabling families to cope with emergencies and to provide continued care for children at home have been - according to the Citizen's Committee for Children - "half-hearted, small in scale, and ineffective."

Because we recognize that children usually develop best in their own homes, Special Services for Children has addressed this concept in terms of preventive programs providing supportive services- directly or indirectly - to strengthen and preserve the home to avert the need for placement. Such services include counseling, homemaker aide, medical and psychiatric treatment, and legal consultation. In developmental planning are 12 preventive day programs to service children with problems and their families who have been identified as needing preventive supportive help.

Our intent is provision of service in the home with minimal impairment or disruption of the familiar environment; to identify family problems in the early stages and to formulate treatment modalities for personal and family problems which would in all likelihood destroy or damage the child's normal development.

Cost-Effectiveness of Preventive Programs

An effective system of preventive services is significantly less costly, in human and material terms, than foster care and institutional care. The New York State Department of Social Services estimated in 1973 that the average cost of intensive preventive casework services would be a little more than $1000 a year per child.

By comparison, simple foster care costs at that time averaged over $6,000 in New York City and $5,000 state-wide. Institutional foster care averaged about $12,000 per year and as high as $25,000 or more a year per child.

Day treatment or day services programs providing various services including psychiatric, psychological, social casework, educational, vocational, and recreational would be less costly than foster care of children outside of their homes.

Changes Needed in Title XX

Title XX of the Social Security Act both heartens and discourages me. The amendments do reflect a commitment to the need for preventive services. Title XX should however make available monies for the direct provision of preventive services by public agencies. The discouraging factor is the 2.5 billion dollar ceiling, which clearly limits the possibilities for development, implementation and expansion of preventive services. I think it would be appropriate for representatives of this committee to initiate the formulation of such possibilities, in order to show that a greater appropriation here could yield really significant results.

I propose the drafting of legislation which make clear and direct focus on the root causes of social dysfunction. Children should be removed from their homes only when it is absolutely essential. The cruciality of identifying parental needs, child's needs, reasons why needs are unmet, problems caused by unmet needs, desires of those in need of help, and all service options available - cannot be overemphasized. There is an urgent, critical need to conceptualize and formulate a plan of action to direct and apply attention and efforts toward strengthening families. Child care professionals are in agreement on goals of the child welfare system specifically........

1. To support families so that children need not be removed from their homes.
2. If removal becomes necessary, to provide for early return of children to their families.
3. When return is not practicable, to plan for adoption in as many cases as possible.
4. To provide for high quality care for all children in placement.

We stress the operationalization of these goals with the guiding principle of "the best interests of the child"; however, decisions too often fail to prioritize these goals and guiding principles, in terms of supplemental financial support, assistance, and appropriate community services including education, health, recreation and social casework thereby shortchanging the children for whom Special Services for Children, the local public child welfare agency, is legislatively responsible in terms of care and protective services.

The reasons children experience separation from home (foster care placement) are varied and complex. Numerous social forces coming into play could include....

1. Parental reluctance to assume or continue care.
2. Mental/physical illness of child care persons (usually the mother).
3. Neglect or abuse of child.
4. Abandonment.

5. Family problems.
6. Behavior of child.

Current Child Care Population

The New York City child care system has in recent years been undergoing a profound change due to rapid demographic changes in the composition of New York City child population, and changing perceptions of the types of children who will benefit from foster care services. Children who in the past would have been considered eligible only for custodial or hospital care have found their way into the child care system, where they are slowly being accepted and serviced. There appears to be a time lag between identification of service needs and the development of appropriate programs of services in foster care agencies and institutions which provide long-term care for children needing special kinds of care and services;

- handicapped children, both mentally and physically.
- children with below average intellectual potential.
- adolescents who are behavior problems.

A recent Special Services for Children review of profiles of 285 children awaiting foster care placement for an extended period, disclosed that 40% required special education; 40% required remedial education; 40% required casework; 17% required vocational education; 15% required speech education; 35% needed two of these services; and 16% needed three or more services. One quarter required a closed (secure) foster care facility; the remainder while not requiring a secure facility, required more staff than usual to supervise them.

Since there are insufficient programs to meet increasing New York City need, Special Services for Children is frequently forced to place youngsters with agencies out-of-state, to counteract the necessity of youngsters, with special needs, waiting months, even years, for a suitable placement. The New York State Board of Social Welfare, in its report "Project Placement" -1974- concluded that "the development of the needed services for children like those profiled is necessarily an expensive and difficult undertaking due to the complexity and severity of problems. Rapid development is predicted, upon the removal of existing restraints, particularly the unresponsive funding pattern and lack of coordination among the various human service systems." I could not agree with this conclusion more. The critical question is - What Can Be Done?

I suggest the following:

1. The fact that the child welfare system is now caring for many youngsters with special needs must be supported by a clear mandate, either legislative or administrative, conferring responsibility for such children. In order for us to provide quality care for children with extensive service needs, federal reimbursement must be substantial. Servicing these children is necessarily more costly than servicing children who traditionally made up the foster care population in New York City. Any serious, honest attempt to meet the needs of children now coming into care will require expensive, intensive programs and structures.
2. When we assume increased responsibility for severly retarded, disturbed, and handicapped children - many of whom have been shifted from one child care and/or psychiatric or mental retardation facility to another

or between home, family court, institutions, and shelters, we must work closely and consistently with multidisciplinary service providers, i.e. Departments of Education and Mental Health, Divisions for Youth or Youth Authority family court, other health, mental health, and criminal justice coordinating councils. Although we do not always work in a coordinated manner, we are linked by our inherent interest in and concern for the children we serve. We should, therefore, move together in the direction of developing specialized resources and facilities under joint auspices. Linkages must be much more extensive, such as to gain anielment of conditions which foster separation of children from their families. We must also recognize that when other social and economic systems - particularly those related to employment and income - are inoperative, we can expect to see many more children in need of care and protection.

The Rights Of Children And Their Families

Exclusive foster care services alone can not possibly meet the need of a significant number of those youngsters entering the system, to the exclusion of other supportive services for families. It is essential that the rights of children as well as the rights of their parents be protected throughout the helping process. According to David Fanshel - director of Child Welfare Research, Columbia University School of Social Work - "the ability to restore children to their families of origin in a society that places the highest premium upon family intactness and upon the rearing of children by their kin, is considered to be an important measure of the efficacy of the foster care system. Some families may be so deteriorated by social and personal pathology as to constitute highly doubtful resources for their children. There are families nonetheless who continue to show some restorative potential after the children leave their residences, and for them the social welfare system must be held accountable for its efforts to recreate viable home settings to which foster children can return".

A child separated from his family experiences the impact of severed bonds and thereby feels rejected, confused, and insecure; his self image is affected. In addition, irreversible emotional damage has been assessed in those individuals who in later child maturing years are incapable of engaging in or establishing interpersonal relationships - individuals who in their earlier years were separated from parental figures and remained in care for extended periods. Children have a right to develop to their maximum potential, and the intervention into the parent-child relationship is an extremely serious action. Besides communities are concerned about the financial costs in providing for care of children away from their families.

In light of these factors there is need for substantial funding for family services as well as for foster care of children.

What Have We Done In New York City

Despite the city's fiscal crisis, Special Services for Children has been able to develop plans for expanded programs designed to meet the needs of the changing child care population.

These developments include....

- the establishment of criteria for quality care.
- case review of foster care status in concert with an 18 month periodic judicial family court review to protect the rights of children for a permanent home and to insure that children do not

remain in placement too long, or get lost in the system.

- Monitoring and evaluation of voluntary child caring agencies to determine that the scope of services provided by those agencies are comprehensive according to the needs of the entire child welfare system.
- The formulation of a Legal Rights Advisory Committee to explore and assess rights of children toward the objective of advocating meaningful and timely legislative policies.
- The organization and implementation of a Parents Rights Unit (Ombudsman) services to provide an in-house mechanism for the resolution of complaints and problems brought by natural parents; along with a parent's handbook A Guide to Parents of Children in Foster Care, so they can gain awareness of what their rights and responsibilities are, since a majority of parents do not understand their rights and responsibilities while their children are in foster care.
- A new Voluntary placement agreement which is in actuality a contract between the natural parent and the placement agency; thereby sustaining parental rights within this agreement.

Our strongest preference is for return home to biological family whenever practicable - Emphasis is on early planning to facilitate this goal - while the child is in placement. The idea of permanent foster care is completely counter to sound social work practice.

Foster care is an indication of a system unable to carry out its preferred goals. The service of foster care should be viewed as time-limited, not by any means a "permanent" state of affairs, but only a temporary one. Permanent foster care offers no security whatsoever to the child. It may offer some security to foster parents who wish to be paid; but, in many instances,not supervised. Institutions as surrogate parents, value commitment to rehabilitation of children who are placed therein - rather than custody alone. The rights of each child, along with respect for natural parents, home backgrounds, and avoidance of unnecessarily harsh punishment must be observed.

If return to the natural family is impracticable, adoption is viewed as a preferable alternative in order that a child may secure permanency in a home with a stable family in which he perceives of himself as a valued member. In reality, unfortunately, barriers exist in relation to freeing of children for adoption; and too many freed children for whom adoptive homes are not found, become institutionalized while remaining for extended periods in foster care with no vision toward placement in permanent homes.

I am concerned about endorsing substantial legislative and procedural changes in the area of freeing children for adoption without viewing consistent legislative and procedural changes with regard to family services or protecting the rights of children. Special Services for Children studies have shown that 40% of the children discharged from foster care within the last year returned to their natural families. Only 15% were adopted; the remainder were discharged as self dependent. It therefore appears, from these findings, that a child's best hope for a permanent home lies in returning home to his/her family of origin.

We all agree that families who eventually require placement could have been helped by an array of supportive/preventive services - ranging from counseling and day care to housing, and employment to allay the possiblity of family breakdown and subsequent placement of children. We only need contrast the public assistance payments we grudgingly give to natural parents with the higher foster care rates paid for care we ourselves consider to be less desirable for the child, to conclude that our commitment is more philosophical than real. If we are unwilling to increase public assistance levels across the board, then perhaps we should consider paying foster care monies for some limited period to natural parents to assess if such financial assistance might help to prevent a child from coming into care. I advocate sponsorship of legislation establishing policies to address the several alternatives to foster care (1) preventive, supportive programs for children and families before deterioration, family breakdown, and separation of children from natural parents is actualized; (2) protecting the rights of children for whom temporary foster care is unavoidable, to ensure permanency for such children through adoptive placement or through expeditious return to biological homes which have been rehabilitated and stablized as a result of appropriate, meaningful social services programs.

Foster care is one of the symptoms of deterioration, disorganization, and disintegration of a substantial percentage of our American families; yet there is no national mobilization of efforts and money to deal with this twentieth century phenomenon.

Plato's observation.....

"What is honored in a land is cultivated there."

The George Junior Republic
FOUNDED 1895 BY WILLIAM R. GEORGE

FREEVILLE, NEW YORK
13068

Office of the Executive Director

TELEPHONE
607-844-8613

October 1, 1976

Honorable John Brademas, Congressman
Chairman, Sub-Committee on Select Education
Committee on Education and Labor
House of Representatives
Washington, D. C.

Dear Congressman Brademas:

Mr. Joseph Gavrin, Executive Director of New York State Council of Voluntary Child Care Agencies, made me aware that on September 8th, 1976 Mr. Ken Wooden, Executive Director of National Coalition for Children's Justice of Princeton, New Jersey, testified before your Committee and had the following to say about a George Junior Republic:

> "There was one place in Pennsylvania, a place that I visited recently called the George Junior Republic, where in each cottage the boys would be sent down to the cellar for prolonged periods of time with nothing to do, absolutely nothing, 8, 10, 12 hours.
>
> "And in one of those cellars, there was a room, a small closet and on the inside of the closet were the dates and names of kids who spent solitary confinement there. And the young boys wrote on the outside of the door, quite appropriately, The Charlie Manson Room."

For the record and clarification, may we say that the George Junior Republic in Freeville, New York has no affiliation, common management or proprietorship with the different institutions operating under the name of the George Junior Republic in other states. The George Junior Republic in Freeville, New York has continued to operate and practice the basic concepts as originated by William R. ("Daddy") George. These concepts encourage the growth and development of young people through individual and community responsibility in the practice of self-government, self-support, self-education and self-examination. Today, there is very little similarity between the education/treatment process which we have and those practiced in other institutions carrying the name of the George Junior Republic.

I think if you inquire from Family Court judges, local Departments of Social Services, Probation Departments (Nassau and Monroe Counties are examples), etc. whom we serve, you will find that the George Junior Republic at Freeville is very unique and one of the most outstanding residential education/treatment centers not only in New York State, but also in America.

Through the years our young people have developed their own Constitution in their Town Meetings, approving new laws and amendments proposed by their own Constitutional Convention made up of young people in appropriate positions within the citizen government. Our young people have their own judicial system and also a Bar Association. The Executive Branch is composed of the president and his cabinet, elected yearly by the citizens and the legislative branch consists of all "Free Voting Citizens" operating within the structure of Town Meetings.

Our program has always been highly regarded and approved by the New York State Department of Education (our George Junior Republic Union Free School District of Freeville, New York is part of the New York State education system), Department of Social Services, Board of Social Welfare and Board of Health as well as similar departments in many other states whose children are in need of our specialized education/treatment services.

May we request that this letter be included in the report to be issued by your Sub-Committee, or as an appendix in the report, thereby clarifying that the George Junior Republic in Freeville, New York has no affiliation with the George Junior Republic in Pennsylvania.

Also, we at the George Junior Republic would be delighted to have you, a member of your Sub-Committee or staff visit the George Junior Republic in Freeville, New York and see our program in its entirety.

Cordially,

Frank C. Speno

Frank C. Speno
Executive Director

FCS/g